

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Maternal and Child Health Bureau

Maternal and Child Health Training Program

**Maternal and Child Health (MCH) Long Term Training
(MCHLT) HRSA-04-053**

**A) T73—Leadership Education in Neurodevelopmental and
Related Disabilities (LEND) and**

**B) T04—Leadership Education Certificate in Public Health
(CPH)**

**PROGRAM GUIDANCE
Fiscal Year 2004**

**Letter of Intent Due Date: October 1, 2003 (LEND and CPH)
Application Due Date: November 20, 2003 (LEND and CPH)
Anticipated Funding Start Date (LEND): July 1, 2004
Anticipated Funding Start Date (CPH): June 1, 2004**

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Date of Issuance: September, 2003

Catalog of Federal Domestic Assistance (CFDA) Number 93.110
Authority: Title V of the Social Security Act

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Chapter 1

Application Guidance Summary

Thank you for your interest in the **MCH Long Term Training Program Competition**. Grant support is available from the Division of Research, Training and Education (DRTE), part of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (DHHS).

We are aware that preparation of this application will involve a considerable commitment of time and energy. The information provided is included to clearly specify what is expected of programs competing for funds in this category.

This Guidance includes instructions for 2 separate long term training programs:

- A) **T76—MCH Leadership in Neurodevelopmental and Related Disabilities (LEND).** LEND applicants should read Chapters 1, 2, Section A for program information, and Section C for reporting requirements, forms and other appendices; and
- B) **T04—Leadership Education Certificate in Public Health (CPH).** CPH applicants should read Chapters 1, 2, Section B for program information, and Section C for reporting requirements, forms and other appendices.

Please read the guidance carefully before completing the application.

Qualified Applicants: As cited in 42 CFR Part 51a.3 (b), only public or nonprofit private institutions of higher learning may apply for training grants.

Number of Grants and Funds Available Per Year:	LEND —Up to \$8,219,000 is available to fund up to 17 grants per year.
	CPH —Up to \$720,000 is available to fund up to 4 grants per year.

Project Period: LEND—Approved projects will be funded effective **July 1, 2004** and will be awarded project periods of up to five years.

CPH— Approved projects will be funded effective **June 1, 2004** and will be awarded project periods of up to five years.

Due Dates for Submission of Applications:
Letters of Intent Due: October 1, 2003 (LEND and CPH)
Application Due Date: November 20, 2003 (LEND and CPH)

Chapter 2 Background

2.1 Maternal and Child Health Bureau

In 1935, Congress enacted Title V of the Social Security Act authorizing the Maternal and Child Health Services Programs. This remarkable legislation has provided a foundation and structure for assuring the health of mothers and children in our nation for more than 65 years. Title V was designed to improve health and assure access to high quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

Today, Title V is administered by the Maternal and Child Health Bureau (MCHB) which is a part of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (DHHS). Under Title V of the Social Security Act, the Maternal and Child Health Services Block Grant program has three components—Formula Block Grants to States, Special Projects of Regional and National Significance (SPRANS) and Community Integrated Service Systems (CISS) grants. Using these authorities, the MCHB has forged partnerships with States, the academic community, health professionals, advocates, communities and families to better serve the needs of our nation’s children.

2.1.1 MCHB Mission and Goals

The mission of MCHB is to provide national leadership and to work, in partnership with States, communities, public-private partners, and families to strengthen the maternal and child health (MCH) infrastructure, assure the availability of medical homes, and build the knowledge and human resources, in order to assure continued improvement in the health, safety, and well-being of the MCH population. The MCH population includes all America’s women, infants, children, adolescents and their families, including fathers and children with special health care needs (CSHCN).

The goals of MCHB are:

- 1) **Provide National Leadership for Maternal and Child Health**—To provide national leadership by creating a shared vision and goals for MCH, strengthening the knowledge base, forging MCH partnerships, promoting family participation in care and providing graduate level and continuing education training to assure interdisciplinary MCH public health leadership nationwide;
- 2) **Eliminate Health Barriers and Disparities**—To develop and promote health services and systems of care designed to eliminate disparities and barriers across the MCH population and train an MCH workforce that is culturally competent and reflects an increasingly diverse population;
- 3) **Assure Quality of Care**—To build analytic capacity to assess and assure quality of care, develop and promote health services and systems designed to improve quality of care and assure appropriate follow-up services; and

- 4) **Improve the Health Infrastructure and Systems of Care**—To build analytic capacity for assessment, planning and evaluation, to use the best available evidence to develop and promote guidelines and best practices, and assist states and communities to plan and develop comprehensive, integrated health service systems.

2.2 The Maternal and Child Health Training Program (MCHTP)

The Maternal and Child Health Training Program is housed within the Maternal and Child Health Bureau's Division of Research, Training and Education (DRTE). MCHTP provides leadership and direction in educating and training our nation's future leaders in maternal and child health. The MCHTP is authorized under Section 502 of Title V of the Social Security Act, as amended, to make strategic investments in public and nonprofit private institutions of higher learning for MCH leadership education.

The health and well-being of America's families and children are far better today than at any time in our past. Many of the serious infectious diseases that threatened children in the earlier part of the last century have all but disappeared. Today, however, we face new perils endangering our children, and have new opportunities to advance health promotion and disease prevention. While national progress toward improved child health has been marked, there remains significant morbidity, and it is clear that all groups have not benefited equally in our progress.

Moreover, sharp disparities persist in the availability and quality of health services related to income, ethnic background, and geographic location. These vary among states, regions and local communities. Our challenge, then, is to invest wisely and assure a bright future for all America's children and families.

Within this context the training programs focus on development of professionals for leadership roles, in addition to advanced professional preparation.

2.2.1 MCH Training Program Goals

- Train the next generation of leaders in the MCH field to address the special needs of children, adolescents, and women;
- Foster interdisciplinary care;
- Change attitudes and practice, to ensure that contemporary standards of care are incorporated into practice patterns, e.g., family-centered and culturally competent care; and
- Emphasize a population focused, public health approach.

The MCH Training Program achieves these goals by supporting:

- **Trainees** who show promise to become leaders in the MCH field in the areas of teaching, research, clinical practice, and/or administration and policymaking
- **Faculty** in public and private nonprofit institutions of higher learning who mentor trainees and students in exemplary MCH public health practice, advance the field through

research and dissemination of findings, develop curricula particular to MCH and public health, and provide technical assistance to the field.

- **Continuing education and technical assistance** to those already practicing in the MCH field to keep them abreast of the latest research and practice.

2.2.2 Leadership Training

The MCH Training Program places a particular emphasis on leadership education that includes curricula and field experiences which relate to: populations as well as individuals; integrated systems of care as well as parts of service systems; and a medical home as well as the array of necessary specialized care settings. Significant curriculum attention is also paid to interdisciplinary training, and community-based and family-centered services. In addition, leadership curricula include a focus on program administration, public policy, and advocacy.

The MCHB believes that with an understanding of and appreciation for broader issues and aspects of health care, professionals will be more adequately prepared to deliver care and to provide leadership in advancing the field to better serve mothers and children in a rapidly changing health care environment. It is our belief and hope that leaders emerging from the projects supported through MCH training will exercise their new knowledge and skills to develop comprehensive, compassionate, family-centered, high quality care systems, including health promotion and disease prevention and related services, for mothers, children, and families.

SECTION A—LEND

Chapter 3 Eligibility and Application Process (LEND only)

3.1 Qualified Applicants

As cited in 42 CFR Part 51a.3 (b), only public or nonprofit private institutions of higher learning may apply for training grants.

3.2 Estimated Number/Amount of Awards

Approximately \$8,219,000 is available to fund approximately 17 grants, per year. (All grants are subject to the availability of funds).

3.3 Project Period

Pending availability of funds and adequate progress, the project period for grants funded under this priority will be up to 5 years, starting July 1, 2004 and concluding on June 30, 2009. The first budget period will be from July 1, 2004 through June 30, 2005.

3.4 Application Process

3.4.1 Official Application Kit/Electronic Access

Information about the Maternal and Child Health Bureau, application guidance, and application forms (including any updates) for MCHB programs are available from the MCHB website at:

<http://www.mchb.hrsa.gov/grants>

For those who are unable to access application materials electronically, additional printed copies of the guidance for this category can be obtained from the HRSA Grants Application Center. The Center may be contacted by telephone 1-877-477-2123; fax 1-877-477-2345; or email: HRSAGAC@hrsa.gov. Please specify **CFDA #93.110, MCHLT, HRSA 04-053** on application materials for **Leadership Education in Neurodevelopmental and Related Disabilities (LEND)**. Applicants should contact the HRSA Grants Application Center to determine the status of the application.

3.4.2 Assistance

You are welcome to contact program staff at the MCHB to answer questions, provide clarification, give consultation, or provide feedback. Inquiries relative to clarification of program content/professional issues should be directed to:

Denise Sofka, MPH, RD
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18A55
Rockville, MD 20857
Telephone: (301) 443-0344
E-Mail: dsofka@hrsa.gov
FAX: (301) 443-4842

3.4.3 Notification of Intent to Apply

If you intend to submit an application for this competition, **please notify Denise Sofka by October 1, 2003.** The purpose of this notification is to provide HRSA with an estimate of the anticipated number of applications so as to plan for an adequate number of reviewers. Please include in the notification the name, address, phone, fax, and e-mail of the person who should be contacted in the event that MCHB needs to provide additional guidance regarding the grant competition. You may submit your intent to apply via mail, email or fax at the numbers listed above.

3.4.4 Business, Administrative and Fiscal Inquiries

Inquiries relative to clarification of business, administrative or fiscal issues should be directed to the grants management specialist:

Paulette Fagan
Division of Grants Management Operations
Office of Management and Program Support, HRSA
5600 Fishers Lane, Room 11-11
Rockville, MD 20857
Telephone: (301) 443-6934
E-mail: pfagan@hrsa.gov

3.4.5 Due Date and Mailing Address

The application deadline is **November 20, 2003.** Applications will be considered to have met the deadline if they are received or postmarked on or before the due date and are received in time for orderly processing and review. (Applicants should request a legibly dated receipt from a commercial carrier or U.S. Postal Service postmark. Private metered postmarks will not be acceptable as proof of timely mailing.) Applications should be mailed or delivered to:

Grants Management Officer
Division of Grants Management Operations
Office of Management and Program Support, HRSA
CFDA # 93.110, MCHLT, HRSA 04-053

HRSA Grants Application Center
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879
1-877-477-2123
hrsagac@hrsa.gov

The transmittal letter/face page of the complete submission must clearly identify the CFDA number (**93.110**), Program code (**MCHLT**), program announcement, (**HRSA 04-053**), and title [**Leadership Education in Neurodevelopmental and Related Disabilities (LEND)**] of the competition for which you are applying.

3.4.6 Number of Copies

Applicants are required to submit **one signed original and two copies** of each complete application. **Electronic copies of the submitted abstract and application must also be submitted on disk**; please indicate the software and version, together with the city and name of the proposed project on the disk labels.

You may apply for HRSA grants on-line or on paper. HRSA encourages you to apply on-line. HRSA's on-line application system is designed to maximize data accuracy and speed processing. Multiple individuals may register and collaborate on applications, and institutional data is stored for you to re-use on future applications.

To apply on-line, go to <http://www.hrsa.gov/grants>. On that Web page, you will find basic instructions and links to the HRSA on-line application system, where you will be able to register, download application guidance for specific programs and submit your grant application.

Beginning October 1, 2003, applicants will be required to have a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge.

To obtain a DUNS number, access www.dunandbradstreet.com or call 1-866-705-5711.

Additionally, the applicant organization will be required to register with the Federal Government's Central Contractor Registry (CCR) in order to do business with the Federal Government, including electronic. Information about registering with the CCR can be found at <http://www.hrsa.gov/grants.htm>

3.4.7 Anticipated Date of Award

It is MCHB's goal to notify successful applicants at least one month prior to the project start date of July 1, 2004.

3.4.8 Checklist

Refer to the checklist in Appendix H of this guidance for a complete listing of the components to be included in the application.

Chapter 4 Training Program Narrative Requirements (LEND only)

4.1 Purpose

The purpose of the Maternal and Child Health Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program is to improve the health of infants, children, and adolescents who have, or are at risk for developing, neurodevelopmental and related disabilities by preparing trainees from a wide variety of professional disciplines to assume leadership roles and to ensure high levels of interdisciplinary clinical competence. LEND program objectives include the following: (1) advancing the knowledge and skills of the full range of child health professionals to improve health care delivery systems for children with developmental disabilities; (2) providing high-quality interdisciplinary education to health professionals which emphasizes the integration of services supported by State, local agencies, organizations, private providers and communities; (3) providing a wide range of health professionals with the skills needed to foster a community-based partnership of health resources and community leadership; and (4) promoting innovative practice models that enhance cultural competency, partnerships between disciplines, and family-centered approaches to care.

Under the revisions of the Social Security Act under OBRA 89, States are required to facilitate the development of community based systems of services for children with special health care needs. In June 2001, President Bush announced his New Freedom Initiative, aimed at helping people with disabilities live in the community instead of in institutional facilities. The President asked HHS Secretary Tommy G. Thompson to lead a government-wide effort to perform the first comprehensive federal review of barriers preventing people with disabilities from living in their communities instead of in institutions. That review, presented to President Bush in March 2002, *Delivering on the Promise: Compilation of Federal Agency Reports of Actions to Eliminate Barriers and Promote Community Integration*, charged HRSA's Maternal and Child Health Bureau to "take the lead in developing and implementing a plan to achieve appropriate community-based services systems for children and youth with special health care needs and their families."

LEND programs serve a vital role in helping States put these community systems of services in place for the population that the LEND grants serve. LEND programs prepare health professionals to assist children and their families to achieve their developmental potential by forging a community-based partnership of health resources and community leadership.

4.2 Physical Resources

Faculty and staff office space, classrooms, library, audiovisuals and computer resources must be available to the program and should be at least at the level available to other comparable programs in the school.

4.3 Project Director and Faculty

In keeping with the specialized nature of this program, standards are specified regarding the multiple health professional disciplines which constitute the fundamental core faculty appropriate for MCH support, including their qualifications, responsibilities, and functions. It is not, however, the intent of this guidance to prescribe all details of the faculty arrangements and participants.

4.3.1 Project Director

The role of Project Director shall constitute a major professional responsibility and time commitment of the person appointed to the position.

The LEND Project Director should be a Board Certified pediatrician with *training in neurodevelopmental disabilities, developmental-behavioral pediatrics or child development* with at least 3, preferably 5 years experience in programs serving children with mental retardation, neurodevelopmental disabilities and other special health care needs is preferred. However, other equally qualified and experienced individuals may be considered.

The project director must have demonstrated leadership and expertise in children with neurodevelopmental disabilities. The project director must be the person having direct, functional responsibility for the program for which support is directed. He/she must spend a minimum of 30% effort on this project. The Project Director has administrative responsibility for the MCH training grant.

4.3.2 Faculty

The highly sophisticated nature and complexity associated with interdisciplinary education demands special faculty commitment and dedication. Programs must document appropriately qualified core faculty with adequate time commitment to participate fully in all components of the training program. Grant support for faculty is to assure dedicated time for meeting the explicit objectives of the training program. Core faculty members have primary responsibility for planning, designing, implementing, supervising, and evaluating all training and service elements.

The purpose of providing grant support for faculty salaries is to assure dedicated time for meeting the objectives of the training program. Those faculty who are at an organizational level superior to that of the Project Director, or who are not subject to the Project Director's administrative direction, such as academic deans, department chairs and others in similar positions, while highly valued faculty, may not serve as core faculty, or receive payment from project funds.

Non-MCHB sources of support for core faculty may be used, in whole or in part, so long as such support does not detract from their commitment of time and function to the training program.

4.3.3 Core Faculty Composition

LEND Project Director – Training and experience specified above.

Core faculty should be selected from the following disciplines. Note: There are 12 academic core disciplines listed. You must select your core disciplines from this list. An average grant award of \$430,000 must support a minimum of seven (7) core disciplines as faculty. If your budget exceeds \$430,000 you must support additional faculty disciplines. An interdisciplinary focus is absolutely essential for this training program.

1. Audiology
2. Health Administration
3. Nursing
4. Nutrition
5. Occupational Therapy
6. Pediatrics
7. Pediatric Dentistry
8. Physical Therapy
9. Psychology
10. Social Work
11. Speech-Language Pathology
12. Special Education

In addition to the academic disciplines of the core faculty listed above, **parents of children with neurodevelopmental disabilities must be included on the training program.** Preferably they will be paid faculty, alternatively, they may be paid staff or consultants to the LEND project. It is also strongly recommended that programs have a youth consumer representative with developmental disabilities.

In some instances, not all academic disciplines of the core faculty members listed above may be regionally located or proximal to the home institution. If so, flexibility is permitted to the extent that alternative arrangements are academically and educationally acceptable and appropriate, and patient care is acceptable and uncompromised. These arrangements must be clearly specified in the application.

Participation of faculty from other relevant disciplines is encouraged. It is highly desirable that additional disciplines be included in the core faculty. These disciplines may include, but are not limited to, child psychiatry, pediatric neurology, neurodevelopmental disabilities, developmental-behavioral pediatrics, medicine and rehabilitation with a pediatric focus, medical genetics, law, and ethics.

4.3.4 Qualifications and Appointments

Core faculty must meet at least the minimum standards of education, experience and certification/licensure generally accepted by their respective professions. Each core faculty must demonstrate leadership and must have teaching and clinical experience in pediatrics and in providing health and related services to the special health care needs of the population on which the program is focused.

Wherever possible, programs are expected to accord recognition for each core faculty, in the form of an academic appointment in the appropriate degree granting school or department of his/her profession in the grantee and/or an affiliated institution of higher learning. This appointment is in addition to the core faculty's appointment in the employing institute/center program.

It shall be the responsibility of the appointing academic school or department to determine the basic faculty qualifications, and the responsibility of the employing program to determine and document the additional specialized pediatric training and clinical experience. Core faculty may be functionally, programmatically, or academically responsible to such positions as may be specified in the approved plan and position descriptions, but must be responsible to the LEND Project Director for the time allocated to the project.

4.3.5 Functions and Responsibilities

Core faculty members are the chief representatives of their respective professions in the program. As such, they:

- Individually, have primary responsibility for planning, implementing, coordinating, and assuring supervision of all training and service elements of their discipline components and, collectively, for the interdisciplinary core curriculum of the overall interdisciplinary leadership training program for all trainees;
- Define appropriate criteria for recruitment of trainees of their discipline and jointly select trainees with the appropriate academic school or department and the training director and/or committee;
- Serve as the primary liaison between the program and their professional associates, academic affiliates, clinical departments, and discipline counterparts in state and community programs and provide a developmental pediatric perspective to trainees in child health across their institution of higher learning;
- Represent their discipline on internal program, policy or governance committees;
- Provide supervision and professional leadership for others of their discipline in the program; and,
- Engage in scholarship directed toward the areas of integrated systems of quality care, capacity building, partnership, performance measures, quality assurance and

improvement, managed care systems, policy analysis, medical home, and other important areas established by MCHB.

4.4 Curriculum

The training program design, competencies, and curriculum must prepare interdisciplinary health professionals for the full range of childhood neurodevelopmental disabilities and new leadership roles they will play in the emerging health care system for children with special health care needs and their families.

If children with special health care needs and neurodevelopmental disabilities are to be well-served in the emerging system, competent leadership is needed in the disciplines specified. Consequently, educational programs must prepare professionals to work in new settings which emphasize primary care; high quality, cost effective, community-based, integrated services; work in true partnership with families; respond to the growing diversity of the population; manage information effectively; work across systems toward integration of care; contribute to policy discussions; and address ethical and legal issues.

The curriculum must clearly define how the training program incorporates the following content to assure an adequate base of knowledge and experience. Content and philosophy must be geared toward the purposes specified above. Programs must develop clear, measurable educational objectives for an interdisciplinary core curriculum, clinical and didactic, which incorporate the acquisition of knowledge of:

- all aspects of neurodevelopmental and related disabilities including but not limited to social adaptation, genetics, and primary, secondary, and tertiary aspects of prevention and health promotion;
- the social environment—the family, community, school; etc., and
- interdisciplinary team skills.

Content and philosophy must be geared to preparation of graduates to assume leadership roles in the development, improvement and integration of systems of care, especially in programs providing maternal and child health services, including those for children with special health care needs, in community-based, family-centered settings.

4.4.1 Training Content and Structure

LEND trainees must receive all of the training content outlined in 4.1 and 4.4.1 in order to be considered a LEND trainee.

Leadership: The curriculum must include content and experiences to foster development of leadership attributes. Leadership training prepares MCH health care professionals to move beyond excellent clinical practice to leadership, through research, teaching, administration, and advocacy. Graduates of MCH Leadership training programs improve the system of care for women, mothers, and children. As stated by Stogdill in the classic *Handbook of Leadership*, LEND trainees should be prepared

through their education and experience to “influence others in their attainment of a common goal.”¹

The goal of leadership training is to prepare trainees who have shown evidence of leadership attributes and who have the potential for further growth and development as leaders. In order to accomplish this goal, trainees must achieve a variety of competencies. As documented in a report on leadership training sponsored by MCHB, these competencies should include: “a) knowledge and skills related to the trainee’s own discipline; b) interdisciplinary knowledge and skills; c) the ability to analyze the leadership needs presented by various economic, political, and social situations within the environment; and d) the ability to exercise leadership in many situations and contexts. Examples of leadership activities by trainees might include facilitating a meeting, program planning, program implementation, negotiating collaborative working agreements/ partnerships with groups or organizations within a community. More complex leadership functions, such as representing an agency at public hearings, negotiating budgets and contracts, serving on state and national task forces, directing programs, advocating for needed services for children and families, or developing social policies, will be developed and refined throughout the trainee’s professional career.”²

Public Health: The curriculum must address a broad public health perspective. It should emphasize, either as discrete topics or as topics integrated in other components, appropriate didactic and experiential content relative to MCH/Title V and related legislation, as well as to the development, implementation and evaluation of systems of health care. At a minimum, a broad public health perspective includes, but is not limited to; community needs assessment, advocacy, public policy formulation and implementation, legislation/rule making, financing, budgeting, program administration, consultation, and program planning and evaluation.

Interdisciplinary Training and Practice: Central to the LEND Training Program is the interdisciplinary nature of the program, which requires that there be a core of clinical and didactic curricula and experiences which bring together all faculty and long-term trainees in such a manner and for such periods of time as are necessary for the interdisciplinary process to be effectively demonstrated and practiced. The plan must define the content and process which will assure that this requirement is satisfied within the context of the program.

Coordination/Service Integration: It is essential for the program to provide a broad range of clinical experiences, in all socioeconomic strata, and in multiple settings (inpatient, outpatient, office-based, community-based and, especially, primary care continuity clinics) emphasizing integration of services. Programs must include information on the variety of health care financing arrangements and payors that are representative of systems of care across the nation.

1. R.M. Stogdill. 1974. *Handbook of Leadership*. New York. Free Press.

² M.Kuehn. 1987. “The Person-Environment Fit Concept Applied to Leadership Training.” *Leadership Training Conference Report*. Chapel Hill, NC: University of North Carolina at Chapel Hill.

Cultural Competence: The curriculum must also include content about various service provision models and approaches, the differing social, cultural and health practices of various ethnic and nationality groups, and the implications of these relative to health status and provision of health care. Training must be structured on a broad range of exemplary, interdisciplinary, comprehensive services which provide family-centered, coordinated care that is responsive to the cultural, social, linguistic, and ethnic diversity of the community. See definition of cultural competence at 4.9.3, below.

The training must include provision of clinical/community services to culturally, ethnically, and racially diverse populations including those at special risk because of living in sparsely populated areas with limited resources; living in poverty; using a language other than English; and coping with chronic illness or disability.

Emerging Issues: The curriculum must reflect awareness of emerging health problems and practice issues, such as the *Healthy People 2010 National Health Promotion and Disease Prevention Objectives*,³ *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents* and *Bright Futures in Practice: Mental Health* in their curriculum, <http://brightfutures.aap.org>.

Research: Applicants must document research and other scholarly activities of faculty and students relating to neurodevelopmental disabilities, and must define the relevance of these activities to the training program. Programs must provide for the conduct of collaborative research by the faculty and by trainees under their supervision, e.g., contributing new knowledge, validating effective intervention strategies, assessing quality, or linking intervention to functional outcomes and quality of life.

Faculty members are encouraged to engage in research relevant to the purposes of the program. (Training funds may not be utilized for support of research.) Reasonable commitments of faculty time to conduct research training activities, as fall within the required time commitments to the training program, are allowable expenses.

All trainees are expected to receive exposure to, and to achieve basic understanding of, research principles, methodology, and application. This may be achieved through formal course work, lectures, presentations, and participation in a research activity or combinations of these and/or other methods. The nature and degree of research exposure and involvement should be commensurate with the level (prior training) of the trainee and length of training involvement. Long-term doctoral and postdoctoral trainees are required to conduct a specific research activity, either as an individual investigator with appropriate faculty advice and mentorship, or collaboratively with other trainees and/or faculty. Trainees should seek to disseminate findings at scientific symposia and through published articles in peer reviewed journals.

³ <http://web.health.gov/healthypeople/Document/tableofcontents.htm>

Technology: The curriculum must incorporate the use of current technology for communication and information acquisition and processing, including distance learning methods for lifelong learning, and use of the World Wide Web.

Communication and Teaching: All students are expected to achieve effective clinical communication and teaching skills, as well as presentation skills appropriate for a variety of professional and community audiences.

MCH/Title V and Related Legislation: The curriculum must emphasize appropriate content relative to MCH/Title V and related legislation, as well as content relating to: science-based judgment, evidenced-based practice and documentation of quality outcomes and performance within an established plan of care; expansion of the direct service roles to include consultation, and collaboration and supervision; and, various service delivery models and approaches. The curriculum must include theoretical and clinical components which provide students with working knowledge of Title V of the Social Security Act as amended, and other programs such as Title X (Family Planning), XIX (Medicaid/EPSDT), XXI (State Children's Health Insurance Program); etc.

4.4.2 Clinical Preparation

Training must include those clinical and non-clinical elements and components specified below. The plan must describe each type of training activity with regard to purpose, methodology, content, time commitment, and method of evaluation.

Training should be based on a comprehensive, exemplary, interdisciplinary clinical services model which is family-centered, and culturally and linguistically appropriate. Focus should be on prevention, early detection, assessment, care coordination, and treatment, including care at home and follow up, of children who have, or are at risk for, neurodevelopmental and related disabilities. Training should occur both in clinical settings under the direction of the funded program, if possible, and in community-based settings with client populations representative of the cultural, social and ethnic diversity of the community. The medical home model should also be promoted.

The project plan must describe the patient population, diagnostic categories and services, and the various functions related to the provision of such services.

4.4.3 Settings

It is expected that the clinical component of the training will occur both within the primary program setting and in diverse community settings. The primary setting must provide sufficient and appropriate spaces for core faculty and student offices and for clinical and teaching activities, and the training plan must be structured to assure sufficient formal interaction and informal association to accomplish and enhance the interdisciplinary process and practice on which the program is based.

The graduate education must integrate leadership training into a strong MCH curriculum. Graduate education must be provided at the master's and/or doctoral levels. Programs must have an MCH focus with an emphasis on preventive, diagnostic, treatment/management and follow-up care within the context of maternal and child health. The educational curricula, in addition to promoting excellence in scholarship and leadership, should emphasize the integration of services supported by States, local agencies, organizations, private providers, and communities. Influences on the health status of children such as their families, the environment, and cultural values, economic, legal and political conditions, are vital components of leadership training. By focusing on the importance of health promotion, disease prevention, and the benefits of coordinated health care, families and practitioners can develop creative approaches for improving the health of mothers, children and families, particularly those vulnerable groups whose needs are not currently being met by our systems of care. These should include community-based programs and public health services that provide leadership opportunities in interdisciplinary, family-centered, comprehensive, and coordinated care.

Practicum sites must provide exemplary, comprehensive, community-based services in a variety of institutional and rural/urban community-based settings focused on children with developmental disabilities and other special health care needs representative of the cultural,

social and ethnic diversity of the community. Working in an interdisciplinary program site is recommended.

4.5 Trainees

The application should include criteria for and a description of methods of recruitment, selection and retention of trainees whose career goals are consonant with the program objectives, as well as special efforts directed toward recruitment of qualified trainees who are culturally, racially and ethnically diverse. The applicant should present a plan for tracking and reporting on the accomplishments of former trainees.

Trainees may be supported in each of the professions represented by the core faculty. Trainees from other relevant disciplines may also be supported with permission from MCHB. Since the intent of the LEND programs is to promote an interdisciplinary health professions team model of care provision, sufficient numbers of students from the appropriate variety of disciplines indicated are necessary both to learn and practice these principles.

Trainee support varies by discipline in accordance with standards of the profession, availability of other support, nature of training required to meet program goals, and other factors. Appendix B, Guidelines for Trainees defines trainees and fellows and provides guidelines for support.

The following outline is intended as a guide for the types of trainees/fellows generally supportable in each profession and consonant with core faculty requirements:

1. Medicine—Developmental-Behavioral pediatrics, Neurodevelopmental Disabilities, and other relevant pediatric medical specialties (e.g., Child Psychiatry, Pediatric Neurology, and/or Medical Genetics) can be supported as special post-residency fellowships. Family practice and physical medicine and rehabilitation may also be considered as a post-residency fellowship, provided a pediatric emphasis can be demonstrated.
2. Nursing—master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral fellowships.
3. Social Work—master's or doctoral candidates. Consideration may be given to post-master's or post-doctoral candidates in a clinical sequence and to clinical fellowships.
4. Nutrition—master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral clinical fellowships.
5. Speech Pathology—master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral clinical fellowships.
6. Audiology—master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral clinical fellowships.

7. Pediatric Dentistry—post-doctoral trainees in graduate pediatric dentistry programs.
8. Psychology (in any specialization in which the focus is on child health and development) —doctoral candidates and post-doctoral clinical fellowships.
9. Occupational Therapy—master’s or doctoral candidates. Consideration may be given to post-master’s and post-doctoral clinical fellowships.
10. Physical Therapy—master’s or doctoral candidates. Consideration may be given to post-master’s and post-doctoral clinical fellowships.
11. Health Administration—master’s or doctoral candidates. Consideration may be given to post-master’s and post-doctoral clinical fellowships.
12. Special Education—master’s or doctoral candidates.
13. Parents of children with developmental disabilities and/or youth consumers with developmental disabilities.

Note: Other disciplines may be considered, such as genetic counselors, health educators, etc.

4.6 Continuing Education and Development (CED)

Applicants must present evidence of their ability to be an educational resource and must conduct at least one substantive CED activity per year. CED programs should target health and related care providers and should be based on specific needs identified interactively with the group(s) to be served. These may include symposia, conferences, workshops, distance learning events, etc. Where more than one LEND program exists in a state or region, they must collaborate on joint efforts to maximize resources. Programs will both coordinate their individual efforts and collaborate in the development of mutual projects of significance to the MCH community. The general plan for the conduct of such activities should be defined in the application.

CED programs must be developed with the assistance of a planning committee which is ethnically diverse, and representative of those disciplines and settings from which the target audience will be drawn.

Programs are encouraged to consider alternate (i.e., distance learning) training approaches, which reduce the need for extensive participant travel and related costs. Modest cost-recovery registration fees may also be collected to extend the coverage of grant awards funds.

4.7 Technical Assistance/Consultation and Collaboration with State Title V/MCH Agencies and Other Related Programs

Applicants must document that they have active, functional relationships with Title V agencies and programs within the state and nearby states. Program faculty should provide consultation and technical assistance to develop or improve community-based services, and such technical assistance should be utilized to enhance trainee exposure to and understanding of such services. Collaboration with agencies or programs providing educational, legal, social, rehabilitative or similar services; or service on boards, commissions, advisory groups or similar entities which set standards, help define public policy or otherwise influence service on a State, regional or national basis should also be documented. The curriculum must provide opportunities for trainees to interact with MCH personnel, and other public health professionals. To enhance trainee exposure to and understanding of such services, applicants must identify active, functioning, collaborative relationships (e.g., consultation, training, advisory committees, and joint appointments) between the proposed program and existing state MCH/CSHCN programs; other MCHB training projects; other Title V programs such as Healthy Tomorrows projects, CATCH projects; Titles X (Family Planning); XIX (Medicaid/EPSDT), XXI (State Children's Health Insurance Program); WIC and Food Stamps Assistance; State Developmental Disabilities Agencies; Special Education; State Social Welfare agencies; State Juvenile Justice; and, other related maternal and child health programs, both public (CDC, NIH, etc.) and private foundations, American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), managed care organizations, etc.) located in the same geographic areas as the applicant. Collaboration must be documented in the application, i.e., descriptions of committees, copies of agreements/contracts, etc.

Applicants are strongly encouraged to collaborate with other MCHB-supported programs.

4.8 Development and Dissemination of Educational Resources

As centers revise and develop new curricular materials, technical models, and other educational resources and references in response to new research findings and developments in the field of MCH, they should disseminate information about these and make them available to other LEND programs, the Association of University Centers for Developmental Disabilities (AUCD), and/or other relevant clinical and training programs in order to enhance attention to MCH programs without this emphasis.

4.9 Budget

The level of support available is intended to build upon existing resources. It is assumed that applicant institutions will already have basic elements necessary for an interdisciplinary training program and that support from this grant will provide additional funds to enable formal implementation of leadership education.

The following principles are vital for budget development:

- Applicants must develop budgets to cover the costs associated with the program specifications and requirements stated in this guidance and must be commensurate with the scope of the program proposed in the application.
- All budgets must provide satisfactory details to fully explain and justify the resources needed to accomplish the training objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes. Components to highlight include current strengths, number of trainees, proposed program activities, breadth of disciplines, Title V activities, and continuing education efforts.
- Budget justification must document support provided to long term trainees either through this grant or through other sources.
- All budgets must be well justified. Programs meeting the following criteria may justify higher budget requests:
 1. Additional faculty/disciplines beyond those required for the core faculty;
 2. A large number of supported trainees, and/or more supported doctoral versus master's level trainees;
 3. Documented, active, successful efforts to recruit diverse trainees from underrepresented groups (underrepresented groups refer to, but are not limited to, groups based on race, ethnicity, geographic location and gender who are underrepresented in a field of study);
 4. Programs which serve multiple states versus multiple counties;
 5. Providing consultation and technical assistance to several regions or a national audience;
 6. Additional continuing education beyond that required in the guidance;
 7. Linkage with Title V programs in more than one State; and
 8. Serving a State that does not currently have a LEND program.
- In addition, budgets may reflect certain economic factors that may cause amounts to be higher or lower than average costs, e.g., special program emphasis, features or accomplishments, cost of living, type of institution of higher learning, community resources, etc.
- Programs must fully justify their requests by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the program during the project period. It must be documented that the program plays a significant role in regional and/or national matters, including the extent to which the graduates have played major leadership roles related to maternal and child health and children with neurodevelopmental disabilities.
- Approximately \$8,219,000 million is available for this competition. We anticipate awarding approximately 17 grants. Awards are subject to adjustment after program and

peer review. If this occurs, program components and/or activities will be negotiated to reflect the final award.

- Reviewers will deduct points from applications for which budgets are not thoroughly justified or do not address the above considerations.

4.9.1 OTHER SUPPORT

MCHB project funds may not be used for staff not functioning within the purposes of the approved training project plan. Support for service personnel and operation of clinical facilities can be approved only to the extent required for meeting requirements of the training program funded by MCHB. Such support does not extend to components utilized primarily for other purposes (e.g., school or adult services). Support costs for areas or services shared with other non-MCHB supported programs must be prorated with such programs.

4.10 Special Concerns and Program Priorities

Throughout the application the applicant should document a working knowledge of and intent to address areas of special concern to the Maternal and Child Health Bureau, such as:

4.10.1 Healthy People 2010

The Health Resources and Services Administration (HRSA) and MCHB are committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a national activity for setting public health priority areas. The MCH training program addresses issues related to national health promotion and disease prevention objectives as described in Healthy People 2010. Potential applicants may obtain a copy of Healthy People 2010 through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, Telephone (202) 512-1800. Applicants may obtain Healthy People 2010 online at:

<http://web.health.gov/healthypeople/Document/tableofcontents.htm>

4.10.2 Underserved Populations

HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children and adolescents from communities with limited access to comprehensive care. This same special emphasis applies to improving service delivery to children with special health care needs. Applicants are strongly encouraged to work collaboratively with Title V agencies and other MCH training programs to maximize access to MCH services.

The Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and

that the broadest possible representation of culturally distinct and historically under-represented groups is supported through programs and projects sponsored by the MCHB. In order to assure access and cultural competence, it is expected that projects will involve individuals from populations to be served in the planning and implementation of the project.

4.10.3 Cultural Competence

Cultural Competence is defined as the knowledge, interpersonal skills and behaviors that enable a system, organization, program, or individual to work effectively cross culturally by understanding, appreciating, honoring, and respecting cultural differences and similarities within and between cultures. Cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time.

“Culture” refers to language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious, social group or self-identified community. “Competence” implies having the capacity to function effectively as an individual and/or organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Cultural competence requires that systems, organizations, programs and individuals must have the ability to:

- appreciate diversity and similarities in customs, values, beliefs and communication patterns among all peoples;
- understand and effectively respond to cultural differences;
- engage in cultural self-assessment at the individual and organizational levels;
- make adaptations to the delivery of services and enabling supports through policy making, infrastructure building, program administration, and evaluation;
- institutionalize cultural knowledge and practices; and
- communicate effectively with persons of limited English proficiency, reading and comprehension skills.

The applicant must demonstrate how the training program will address issues of cultural competency, such as including cultural competence training in the curriculum, administrative procedures, faculty and staff development, and recruiting and retaining racially and ethnically diverse faculty and students.

4.10.4 MCH Block Grant and other Health/Social Services relevant agencies locally and in the state

The applicant must demonstrate a commitment to collaborate with the State Title V agency and other relevant agencies in the community and state and with other Title V funded training programs in the same geographic area.

4.10.5 Geographic Area Not Currently Covered by the MCH Training Program

Applicants who provide services or trainees to regions of the U.S. which do not currently have a funded project in this category are strongly encouraged to apply.

Chapter 5 Review Process and Criteria (LEND only)

The review process for this competition will involve, at a minimum, review by an Objective Review Committee (ORC) composed of a multidisciplinary, culturally and geographically diverse group of panelists. Federal employees may also be used as reviewers. The panel will recommend approval or disapproval of each application based on its assessment of the degree of responsiveness to and compliance with the applicable review criteria and the technical and programmatic requirements included in Chapter 4 of this guidance entitled “Training Program Narrative Requirements.”

Reviewers will judge the completeness and clarity of the project narrative and the extent to which each required element of the project narrative has been addressed (Faculty, Trainees, Curriculum, Continuing Education; TA/Consultation/Collaboration; Budget, Evaluation/Reporting Requirements; and Special Concerns).

All eligible applications will be reviewed and rated by the ORC using the following criteria:

1. Ability of the Applicant to contribute to the Advancement of MCH	20 points
2. Activities Capable of Achieving Objectives and Responsive to Program Requirements	30 points
3. Reasonable Cost	10 points
4. Qualified Personnel	15 points
5. Evaluation Plan	15 points
6. Applicant responsive to special concerns	10 points
Total	100 points

1. Ability of the Applicant to contribute to the Advancement of MCH	20 points
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The extent to which the project will contribute to the advancement of maternal and child health.

- Does the applicant university document their history in providing interdisciplinary graduate training in the disciplines identified in the program guidance for MCH Leadership Education in Neurodevelopmental and Related Disabilities (LEND)?
- Does the Project Purpose adequately state the needs that the training program will address?
- Does the applicant document a knowledge of the health and related issues for the targeted population, i.e., individuals with neurodevelopmental disabilities and other developmental disabilities?
- Does the applicant already have established training programs and documented graduates in the discipline areas included in the application?

Applicable Narrative Section(s)
Purpose of the Project

Organization and Administration
Setting of the Project
Program Methodology

2. Activities Capable of Achieving Program Objectives and Responsive to Program Requirements

30 points

The extent to which the project is responsive to policy concerns applicable to MCH grants and to the program objectives, requirements, and priorities for the training category, as published in these guidance materials. The extent to which the proposed activities, if well executed, are capable of attaining project objectives.

- Is the overall approach to training thoughtful, logical and innovative?
- Are the described physical resources adequate to perform the training?
- Are the organizational and administrative structures adequate to address the outlined training program?
- Is the setting of the project appropriate to achieve project objectives?
- Are formal affiliation agreements included if multiple institutions or programs are contributing to the LEND training program?
- Does the curriculum address program requirements of particular interest to MCHB (leadership training, a health care systems approach, cultural competency, emerging issues in MCH, improving public health practice, linkages with state MCH agencies and other appropriate State offices)?
- Are the clinical and research requirements appropriate for the training needs of the trainees?
- Are clinical rotations diverse, including inpatient, outpatient, community-based programs, community service settings and regular interactions with interdisciplinary staff?
- Does the applicant present a comprehensive plan for recruiting and retaining racially and culturally diverse trainees?
- Will faculty and trainees provide continuing education, consultation and technical assistance to those practicing in the field?
- Is there evidence of planned collaboration with those outside of the university – consumers, MCH or other appropriate agencies, other MCH Partners (education, child care, social services, law, early intervention, financing agencies, public policy groups, professional associations, etc.) through included letters of collaboration?

Applicable Narrative Sections

Organization and Administration
Setting of the Project
Program Methodology
Letters of Collaboration
Maps, Floor Plans, Organization Charts
Curriculum

3. Reasonable Cost

10 points

The extent to which the estimated cost of the project to the government is reasonable, considering the anticipated results.

- The extent to which costs as outlined in the budget and required resources sections are reasonable given the scope of work.
- The extent to which budget line items are well described and justified in the budget justification, as outlined in the budget section of the guidance.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

Applicable Narrative Sections

Budget and Budget Justification
Required Resources

4. Qualified Personnel

15 points

The extent to which the project personnel are well qualified by training and experience for their roles in the project and the applicant organization has adequate facilities and personnel.

- Are the Principal Investigator and Faculty well qualified by training and/or expertise to conduct the training, mentor students, and serve as leaders in the field?
- Does faculty have a strong track record teaching, collaborating, mentoring, providing clinical services, and conducting research?
- Does faculty have previous training experiences?
- Does the applicant have the existing resources to support the types of training that they describe in the proposal?

Applicable Narrative Sections

PI and Faculty
Existing Resources

5. Evaluation Plan

15 points

The strength of the project's plans for evaluation.

- Is the evaluation plan conceptually sound?
- Are the goals clear, concise and appropriate?
- Are the objectives observable, time-framed and measurable?
- Are activities appropriate and do they flow logically from the goals and objectives?
- Has the applicant presented a plan for tracking and reporting on the accomplishments of former trainees?
- Does the applicant describe who on the project will be responsible for refining and collecting, and analyzing data for the evaluation?

- Is it clear how the applicant will make changes to the program based on evaluation findings?
- Does the applicant present a plan for collecting the data elements described in Chapter 9, Reporting Requirements?

Applicable Narrative Sections

Goals and Objectives
Evaluation Plan

6. Applicant responsive to special concerns

10 points

The extent to which the application is responsive to the special concerns and program priorities specified in the notice.

Through this application has the applicant documented a working knowledge of and intent to address areas of special concern to the Maternal and Child Health Bureau, such as:

- **Healthy People 2010**—Has the applicant related project objectives to those determined to be priorities in Healthy People 2010?
- **Underserved populations**—Will the training program serve the needs of underserved populations?
- **Cultural Competency**—Has the program addressed issues of cultural competency, such as including cultural competence training in the curriculum, administrative procedures, faculty and staff development, and recruiting and retaining racially and ethnically diverse faculty and students?
- **Relates to MCH Block Grant and other Health/Social Services relevant agencies locally and in the state**—Has the applicant demonstrated a commitment to collaborate with the State Title V agency and other relevant agencies in the community and state and with other Title V funded training programs in the same geographic area?
- **Geography/Population Density**—Does the project provide training in an area of the United States which is currently unserved or underserved through an MCH training grant project?

Applicable Narrative Sections

Program Methodology
Special Concerns

SECTION B—Leadership Education Certificate in Public Health (CPH)

Chapter 6 Eligibility Procedures and Requirements (CPH only)

6.1 Qualified Applicants

As cited in 42 CFR Part 51a.3 (b), only public or nonprofit private institutions of higher learning may apply for training grants.

6.2 Estimated Number/Amount of Awards

Approximately \$720,000 is available to fund approximately 4 grants, per year. (All grants are subject to the availability of funds).

6.3 Project Period

CPH— Pending availability of funds and adequate progress, the project period for grants funded under this priority will be up to 5 years, starting June 1, 2004 and concluding on May 31, 2009. The first budget period will be from June 1, 2004 through May 31, 2005.

6.4 Application Process

6.4.1 Official Application Kit/Electronic Access

Information about the Maternal and Child Health Bureau, application guidance, and application forms (including any updates) for MCHB programs are available from the MCHB website at:

<http://www.mchb.hrsa.gov/grants>

For those who are unable to access application materials electronically, additional printed copies of the guidance for this category can be obtained from the HRSA Grants Application Center. The Center may be contacted by telephone 1-877-477-2123; fax 1-877-477-2345; or email: HRSAGAC@hrsa.gov. Please specify **CFDA #93.110, MCHLT, HRSA 04-053** on application materials for **Leadership Education Certificate in Public Health (CPH)**. Applicants should contact the HRSA Grants Application Center to determine the status of the application.

6.4.2 Assistance

You are welcome to contact program staff at the MCHB to answer questions, provide clarification, give consultation, or provide feedback. Inquiries relative to clarification of program content/professional issues should be directed to:

Captain Nanette Pepper
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18A55
Rockville, MD 20857
Telephone: (301) 443-6445

E-Mail: npepper@hrsa.gov
FAX: (301) 443-4842

6.4.3 Notification of Intent to Apply

If you intend to submit an application for this competition, **please notify CAPT Nanette Pepper by September 12, 2003.** The purpose of this notification is to provide HRSA with an estimate of the anticipated number of applications so as to plan for an adequate number of reviewers. Please include in the notification the name, address, phone, fax, and e-mail of the person who should be contacted in the event that MCHB needs to provide additional guidance regarding the grant competition. You may submit your intent to apply via mail, email or fax at the numbers listed above.

6.4.4 Business, Administrative and Fiscal Inquiries

Inquiries relative to clarification of business, administrative or fiscal issues should be directed to the grants management specialist:

Susan Flickinger
Division of Grants Management Operations
Office of Management and Program Support, HRSA
5600 Fishers Lane, Room 11-11
Rockville, MD 20857
Telephone: (301) 443-3445
E-mail: sflickinger@hrsa.gov

6.4.5 Due Date and Mailing Address

The application deadline is **November 20, 2003.** Applications will be considered to have met the deadline if they are received or postmarked on or before the due date and are received in time for orderly processing and review. (Applicants should request a legibly dated receipt from a commercial carrier or U.S. Postal Service postmark. Private metered postmarks will not be acceptable as proof of timely mailing.) Applications should be mailed or delivered to:

Grants Management Officer
Division of Grants Management Operations
Office of Management and Program Support, HRSA
CFDA # 93.110, MCHLT, HRSA 04-053
HRSA Grants Application Center
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879
1-877-477-2123
hrsagac@hrsa.gov

The transmittal letter/face page of the complete submission must clearly identify the CFDA number (**93.110**), Program code (**T04**), program announcement, (**HRSA 04-053**), and title (**Leadership Education Certificate in Public Health**) of the competition for which you are applying.

6.4.6 Number of Copies

Applicants are required to submit **one signed original and two copies** of each complete application. **Electronic copies of the submitted abstract and application must also be submitted on disk**; please indicate the software and version, together with the city and name of the proposed project on the disk labels.

You may apply for HRSA grants on-line or on paper. HRSA encourages you to apply on-line. HRSA's on-line application system is designed to maximize data accuracy and speed processing. Multiple individuals may register and collaborate on applications, and institutional data is stored for you to re-use on future applications.

To apply on-line, go to <http://www.hrsa.gov/grants>. On that Web page, you will find basic instructions and links to the HRSA on-line application system, where you will be able to register, download application guidance for specific programs and submit your grant application.

Beginning October 1, 2003, applicants will be required to have a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge.

To obtain a DUNS number, access www.dunandbradstreet.com or call 1-866-705-5711.

Additionally, the applicant organization will be required to register with the Federal Government's Central Contractor Registry (CCR) in order to do business with the Federal Government, including electronic. Information about registering with the CCR can be found at <http://www.hrsa.gov/grants.htm>

6.4.7 Anticipated Date of Award

It is MCHB's goal to notify successful applicants at least one month prior to the project start date of June 1, 2004.

6.4.8 Checklist

Refer to the checklist in Appendix H of this guidance for a complete listing of the components to be included in the application.

Chapter 7 Training Program Narrative Requirements (CPH only)

7.1 Purpose

The purpose of the Leadership Education Certificate in Public Health (CPH) program is to strengthen the Nation's (59 states & jurisdictions) Maternal and Child Health Public Health system by broadening the leadership base of the current and future MCH workforce. Emphasis will be placed on developing the public health workforce through innovative strategies that address the special education needs of health professionals who: (a) live in isolated geographic communities, such as rural and frontier areas, islands, U.S. jurisdictions, and Indian reservations; (b) need to enhance or advance their skills while continuing to meet their daily on site work and family responsibilities; and/or (c) are from underserved or underrepresented populations.

The Health Resources and Services Administration's (HRSA's) mission is to improve and expand access to quality health care for all. HRSA assures the availability of quality health care to low income, uninsured, isolated, vulnerable and special needs populations and meets their unique health care needs. The CPH program is dedicated to serving health professionals in isolated geographic areas of the country. Because there are many areas of the country where public health workers lack access to affordable public health training to meet their needs, this program is intended to assist the working maternal and child public health professional to obtain training while maintaining their responsibilities to their family and work.

Applicants are required to develop programs that use creative methodologies to target students who may not otherwise have access to pursue their education. Innovative programs should emphasize flexible schedules; working closely with employers of public health professionals to identify, recruit and select students who would benefit from the acquisition of new or expanded knowledge; and distance learning. These training programs could lead to a graduate degree (i.e., Master's degree in Public Health) and/or in-depth training which is tailored to the specific needs of PH students in improving their skills (i.e., certificate program). Institutions are encouraged to develop the certificate and degree programs for students who desire to build upon previous course work to continue their formal education.

7.2 Project Director and Faculty

The Project Director of the CPH grant must be a full-time faculty member. The project director must be the person having direct, functional responsibility for the program for which support is directed. He/she must spend at least 20% effort on this project. Core faculty should have primary responsibility for planning, designing, implementing, supervising, and evaluating all training and service elements. The Project Director has administrative responsibility for the MCH training grant. These requirements constitute

the basis for development of the minimum qualifications section of the job description for each faculty position. Functional and program responsibilities should be specified in the narrative and position descriptions.

Projects must have faculty with demonstrated leadership and appropriate education and experience in MCH public health necessary to fulfill the training goals and objectives. Outstanding faculty leadership—excellence in teaching, research, and community service—is expected. Faculty members are expected to strategize and develop a specific curriculum plan about how leadership training will be integrated throughout the course of the graduate program.

The purpose of providing grant support for faculty salaries is to assure dedicated time for meeting the objectives of the training program. Deans, department chairs, and others in similar positions may not serve as Project Director or core faculty, or receive payment from project funds, unless special permission from the MCHB Training program is obtained.

7.3 Trainees

The primary purpose of PH in MCH is to train an interdisciplinary MCH workforce in core public health functions in order to better serve in today's changing MCH workplace at the National, State, territorial and local levels. It is often difficult to obtain geographically accessible (including rural and frontier areas), affordable education to increase or acquire the new skills and competencies necessary to remain current in the field while balancing the pressures of work and family life. Applicants are required to develop programs which use new and creative methodologies to target students who may not otherwise have access to pursue their education.

The application should include criteria for and a description of methods of recruitment, selection, and retention of trainees from underserved areas whose career goals are consonant with the program objectives, as well as special efforts directed toward recruitment of qualified trainees who are culturally, racially and ethnically diverse. The applicant should present a plan for tracking and reporting on the accomplishments of the former trainees.

7.4 Curriculum

Programs should have a history of experience and a commitment to reaching isolated communities and underserved areas. Programs should incorporate current work experiences to assist the student in understanding approaches to public health. Programs are also required to develop methods to retain and provide support to students who may be returning to an academic environment after a long absence.

CPH programs are intended to educate students in core Public Health functions and should lead to a certificate and/or a graduate degree. Institutions are encouraged to develop the certificate and degree programs for students who desire to build upon

previous course work to continue their formal education. Content and philosophy must be geared to the preparation of professionals to be better equipped to perform their current roles and to assume leadership roles in the development and improvement of maternal and child health services, including those for children with special health care needs.

Programs are required to incorporate the recommendations and competencies developed by the Association of Teachers of MCH (ATMCH), <http://www.atmch.org/>, in collaboration with the MCH Council of the Association of Schools of Public Health and endorsed by the Association of Maternal and Child Health Programs. The curriculum must provide a comprehensive historical, legislative, and public health knowledge base regarding Title V and related programs. Any thesis/dissertation/project required for the graduate degree must focus on a Maternal and Child Health issue.

The educational curricula, in addition to promoting excellence in leadership, should emphasize the integration of services supported by States, local agencies, organizations, private providers, and communities. Influences on the health status of children such as their families, the environment, and cultural values, economic, legal and political conditions, are vital components of leadership training. By focusing on the importance of health promotion, disease prevention, and the benefits of coordinated health care, families and practitioners can develop creative approaches for improving the health of mothers, children and families, particularly those vulnerable groups whose needs are not currently being met by our systems of care. These should include community-based programs and public health services that provide leadership opportunities in interdisciplinary, family-centered, comprehensive, and coordinated care.

Practicum sites must provide exemplary, comprehensive, community-based services in a variety of institutional and rural/urban community-based settings with a MCH client population representative of the cultural, social and ethnic diversity of the community. Working in an interdisciplinary program site is recommended.

7.4.1 Training Content and Structure

Leadership: The curriculum must include content and experiences to foster development of leadership attributes. Leadership training prepares MCH health care professionals to move beyond excellent clinical or health administration practice to leadership, through research, teaching, administration, and advocacy. Graduates of MCH Leadership training programs improve the system of care for women, mothers, and children. The goal of leadership training is to prepare public health trainees who have shown evidence of leadership attributes and who have the potential for further growth and development as leaders. In order to accomplish this goal, trainees must achieve a variety of competencies. As documented in a report on leadership training sponsored by MCHB, these competencies should include: “a) knowledge and skills related to the trainee’s own discipline; b) interdisciplinary knowledge and skills; c) the ability to analyze the leadership needs presented by various economic, political, and social

situations within the environment; and d) the ability to exercise leadership in many situations and contexts. Examples of leadership activities by trainees might include facilitating a meeting, program planning, program implementation, negotiating collaborative working agreements/ partnerships with groups or organizations within a community. More complex leadership functions, such as representing an agency at public hearings, negotiating budgets and contracts, serving on state and national task forces, directing programs, advocating for needed services for children and families, or developing social policies, will be developed and refined throughout the trainee's professional career."⁴

Public Health: The curriculum must address a broad public health perspective. It should emphasize, either as discrete topics or as topics integrated in other components, appropriate didactic and experiential content relative to MCH/Title V and related legislation, as well as to the development, implementation and evaluation of systems of health care. At a minimum, a broad public health perspective includes, but is not limited to; community needs assessment, advocacy, public policy formulation and implementation, legislation/rule making, financing, budgeting, program administration, consultation, and program planning and evaluation.

Interdisciplinary Training and Practice: Interdisciplinary training and practice might include professionals such as nurses, social workers, psychologists, child and adolescent psychiatrists, nutritionists, physicians and dentists, speech and language pathologists, educators, physical therapists, occupational therapists, and other public health professionals.

Cultural Competence: The curriculum must also include content about various service provision models and approaches, the differing social, cultural and health practices of various ethnic and nationality groups, and the implications of these relative to health status and provision of health care. Training must be structured on a broad range of exemplary, interdisciplinary, comprehensive services which provide family-centered, coordinated care that is responsive to the cultural, social, linguistic, and ethnic diversity of the community. See definition of cultural competence at 4.9.3, below.

Emerging Issues: The curriculum must reflect awareness of emerging health problems and practice issues, such as the *Healthy People 2010 National Health Promotion and Disease Prevention Objectives*,⁵ *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents* and *Bright Futures in Practice: Mental Health* in their curriculum, <http://brightfutures.aap.org>.

Emerging public health issues include health disparities and changing demographics. A recent IOM report entitled *Who Will Keep the Public Healthy?: Educating Public Health Professionals for the 21st Century*, recommends that eight content areas be included in

⁴ M.Kuehn. 1987. "The Person-Environment Fit Concept Applied to Leadership Training." *Leadership Training Conference Report*. Chapel Hill, NC: University of North Carolina at Chapel Hill.

⁵ <http://web.health.gov/healthypeople/Document/tableofcontents.htm>

graduate-level public health education programs and schools of public health: informatics, genomics, communication, cultural competence, community-based participatory research, global health, policy and law, and public health ethics. These areas are natural outgrowths of the traditional core public health sciences as they have evolved in response to ongoing social, economic, technological, and demographic changes. The website address to the full IOM document is <http://www.nap.edu/catalog/10542.html>.

Research: Applicants must document research and other scholarly activities of faculty and students relating to PH in MCH, and must define the relevance of these activities to the training program. Each MPH student is expected to engage in one or more active research projects concentrating on a specific aspect of public health during his/her tenure, and to seek to disseminate findings at scientific symposia and through published articles in peer reviewed journals. The Certificate students are expected to gain knowledge and skills in research methodology and dissemination of research findings into practice. Programs must provide for the conduct of collaborative research by the faculty and by trainees under their supervision, e.g., contributing new knowledge, validating effective intervention strategies, assessing quality, or linking intervention to functional outcomes and quality of life.

Technology: The curriculum must incorporate the use of current technology for communication and information acquisition and processing, including distance learning methods for lifelong learning, and use of the World Wide Web. Programs should use principles of adult learning and proven education models utilizing available technologies such as multimedia networking, teleconferencing, satellite broadcasting, CD ROM, and/or the Internet.

Communication and Teaching: All students are expected to achieve effective communication and teaching skills as well as presentation skills appropriate for a variety of professional and community audiences. These alternative educational methodologies should provide an effective and efficient means by which MCH professionals can enhance and advance their managerial, analytical, administrative, and clinical skills while continuing to meet their daily on-site responsibilities. These functions may include: assessing need; utilizing data; developing/implementing policies, guidelines and programs; resolving problems, monitoring progress and evaluating performance.

7.5 Technical Assistance/Consultation and Collaboration with State Title V/MCH Agencies and Other Related Programs

Applicants must document that they have active, functional relationships with State Title V MCH programs. The curriculum must provide opportunities for trainees to interact with MCH personnel, and other public health professionals. Collaboration must be documented in the application, i.e. letter from Title V.

Linkages with other MCHB-supported programs are strongly encouraged.

7.6 Development and Dissemination of Educational Resources

As CPH programs revise and develop new curricular materials and other educational resources in response to new research findings and developments in the field of MCH, they should disseminate information about them and make them available to other public health programs, the Association of Teachers of Maternal and Child Health (ATMCH), and/or other relevant training programs.

7.7 Budget

The level of support available is intended to build upon existing resources. It is assumed that applicant institutions will already have basic elements necessary for a public health training program and that support from this grant will provide additional funds to enable formal implementation of a certificate program. It is expected that support for students will be a significant portion of requested grant funds.

7.7.1 Annual Grantee Meeting

Programs are required to attend annual grantee meetings of CPH and Schools of Public Health. Budgets should include travel to one meeting per year.

7.8 Special Concerns and Program Priorities

Throughout the application the applicant should document a working knowledge of and intent to address areas of special concern to the Maternal and Child Health Bureau, such as:

7.8.1 Healthy People 2010

The Health Resources and Services Administration (HRSA) and MCHB are committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a national activity for setting public health priority areas. The MCH training program addresses issues related to national health promotion and disease prevention objectives as described in Healthy People 2010. Potential applicants may obtain a copy of Healthy People 2010 through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, Telephone (202) 512-1800. Applicants may obtain Healthy People 2010 online at:

<http://web.health.gov/healthypeople/Document/tableofcontents.htm>

7.8.2 Underserved Populations

HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children and adolescents from communities with limited access to comprehensive care. This same special emphasis applies to improving service delivery to children with special health care needs. Applicants are strongly encouraged to work

collaboratively with Title V agencies and other MCH training programs to maximize access to MCH services.

The Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under-represented groups is supported through programs and projects sponsored by the MCHB. In order to assure access and cultural competence, it is expected that projects will involve individuals from populations to be served in the planning and implementation of the project.

7.8.3 Cultural Competence

Cultural Competence is defined as the knowledge, interpersonal skills and behaviors that enable a system, organization, program, or individual to work effectively cross culturally by understanding, appreciating, honoring, and respecting cultural differences and similarities within and between cultures. Cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time.

“Culture” refers to language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious, social group or self-identified community.

“Competence” implies having the capacity to function effectively as an individual and/or organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Cultural competence requires that systems, organizations, programs and individuals must have the ability to:

- appreciate diversity and similarities in customs, values, beliefs and communication patterns among all peoples;
- understand and effectively respond to cultural differences;
- engage in cultural self-assessment at the individual and organizational levels;
- make adaptations to the delivery of services and enabling supports through policy making, infrastructure building, program administration, and evaluation;
- institutionalize cultural knowledge and practices; and
- communicate effectively with persons of limited English proficiency, reading and comprehension skills.

The applicant must demonstrate how the training program will address issues of cultural competency, such as including cultural competence training in the curriculum, administrative procedures, faculty and staff development, and recruiting and retaining racially and ethnically diverse faculty and students.

7.8.4 MCH Block Grant and other Health/Social Services relevant agencies locally and in the state

The applicant must demonstrate a commitment to collaborate with the State Title V agency and other relevant agencies in the community and state and with other Title V funded training programs in the same geographic area.

7.8.5 Geographic Area Not Currently Covered by the MCH Training Program

Applicants who provide services or trainees to regions of the U.S. which do not currently have a funded project in this category are strongly encouraged to apply.

Chapter 8 Review Process and Criteria (CPH only)

The review process for this competition will involve, at a minimum, review by an Objective Review Committee (ORC) composed of a multidisciplinary, culturally and geographically diverse group of panelists. Federal employees may also be used as reviewers. The panel will recommend approval or disapproval of each application based on its assessment of the degree of responsiveness to and compliance with the applicable review criteria and the technical and programmatic requirements included in Chapter 7 of this guidance entitled “Training Program Narrative Requirements.”

Reviewers will judge the completeness and clarity of the project narrative and the extent to which each required element of the project narrative has been addressed (Faculty, Trainees, Curriculum, Collaboration; Budget, Evaluation/Reporting Requirements; and Special Concerns).

All eligible applications will be reviewed and rated by the ORC using the following criteria:

1. Ability of the Applicant to contribute to the Advancement of MCH	25 points
2. Activities Capable of Achieving Objectives and Responsive to Program Requirements	30 points
3. Reasonable Cost	10 points
4. Qualified Personnel	10 points
5. Evaluation Plan	15 points
6. Applicant responsive to special concerns	10 points
Total	100 points

1. Ability of the Applicant to contribute to the Advancement of MCH **25 points**

The extent to which the project will contribute to the advancement of maternal and child health.

- Does the applicant institution confer a Master’s in Public Health degree?
- Does the applicant document a commitment to serving isolated geographic and underserved areas?
- Does the Project Purpose adequately state the needs that the training program will address?
- Does the applicant document expertise in public health and related issues in MCH?

Applicable Narrative Section(s)

Purpose of the Project
Organization and Administration
Setting of the Project
Program Methodology

2. Activities Capable of Achieving Program Objectives and Responsive to Program Requirements

30 points

The extent to which the project is responsive to policy concerns applicable to MCH grants and to the program objectives, requirements, and priorities for the training category, as published in these guidance materials. The extent to which the proposed activities, if well executed, are capable of attaining project objectives.

- Is the overall approach to training thoughtful, logical and innovative?
- Are the described physical resources adequate to perform the training?
- Are the organizational and administrative structures adequate to address the outlined training program?
- Is the setting of the project appropriate to achieve project objectives?
- Does the curriculum address program requirements of particular interest to MCHB (leadership training, a health care systems approach, cultural competency, emerging issues in MCH, improving public health practice, linkages with state MCH agencies and other appropriate State offices)?
- Does the applicant present a comprehensive plan for recruiting and retaining racially and culturally diverse trainees?
- Does the applicant present a plan to reach underserved/hard to reach public health professionals?
- Is there evidence of planned collaboration with those outside of the university – consumers, MCH or other appropriate agencies, other MCH Partners (education, child care, social services, law, early intervention, financing agencies, public policy groups, professional associations, etc.) through included letters of collaboration?

Applicable Narrative Sections

Organization and Administration
Setting of the Project
Program Methodology
Letters of Collaboration
Maps, Floor Plans, Organization Charts
Curriculum

3. Reasonable Cost

10 points

The extent to which the estimated cost of the project to the government is reasonable, considering the anticipated results.

- The extent to which costs as outlined in the budget and required resources sections are reasonable given the scope of work.
- The extent to which budget line items are well described and justified in the budget justification.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent of support for students on the grant.

Applicable Narrative Sections

Budget and Budget Justification
Required Resources

4. Qualified Personnel

10 points

The extent to which the project personnel are well qualified by training and experience for their roles in the project and the applicant organization has adequate facilities and personnel.

- Are the Principal Investigator and Faculty well qualified by training and/or expertise to conduct public health training, mentor students, and serve as leaders in the field?
- Does the faculty have experience reaching and teaching practicing public health professionals from underserved/hard to reach areas?
- Does faculty have a strong track record teaching, collaborating, mentoring, and conducting research?
- Does faculty have previous training experience in public health?
- Does the applicant have the existing resources to support the types of training that they describe in the proposal?

Applicable Narrative Sections

PI and Faculty
Existing Resources

5. Evaluation Plan

15 points

The strength of the project's plans for evaluation.

- Is the evaluation plan conceptually sound?
- Are the goals clear, concise and appropriate?
- Are the objectives observable, time-framed and measurable?
- Are activities appropriate and do they flow logically from the goals and objectives?
- Has the applicant presented a plan for tracking and reporting on the accomplishments of former trainees?
- Does the applicant describe who on the project will be responsible for refining and collecting, and analyzing data for the evaluation?
- Is it clear how the applicant will make changes to the program based on evaluation findings?
- Does the applicant present a plan for collecting the data elements described in Chapter 9, Reporting Requirements?

Applicable Narrative Sections

Goals and Objectives
Evaluation Plan

6. Applicant responsive to special concerns

10 points

The extent to which the application is responsive to the special concerns and program priorities specified in the notice.

Through this application has the applicant documented a working knowledge of and intent to address areas of special concern to the Maternal and Child Health Bureau, such as:

- **Healthy People 2010**—Has the applicant related project objectives to those determined to be priorities in Healthy People 2010?
- **Underserved populations**—Will the training program serve the needs of underserved populations?
- **Cultural Competency**—Has the program addressed issues of cultural competency, such as including cultural competence training in the curriculum, administrative procedures, faculty and staff development, and recruiting and retaining racially and ethnically diverse faculty and students?
- **Relates to MCH Block Grant and other Health/Social Services relevant agencies locally and in the state**—Has the applicant demonstrated a commitment to collaborate with the State Title V agency and other relevant agencies in the community and state and with other Title V funded training programs in the same geographic area?
- **Geography/Population Density**—Does the project provide training to an area of the United States not currently receiving MCH training grant funds?

Applicable Narrative Sections

Program Methodology
Special Concerns

Section C—Both LEND and CPH

Chapter 9 Reporting Requirements (LEND and CPH)

9.1 Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the application receipt due date:

- A. A copy of the face page of the application (HRSA 6025-1) and
- B. A summary of the project (PHSIS), not to exceed one page, which provides:
 - (1) A description of the population to be served,
 - (2) A summary of the services to be provided, and
 - (3) A description of the coordination planned with the appropriate state and local health agencies.

The Abstract of Training Project may be used in lieu of the one-page Public Health System Impact Statement (PHSIS).

9.2 Future Reporting Requirements

A successful applicant under this notice will submit reports in accordance with the provisions of the general regulations that apply ("Monitoring and Reporting Program Performance" 45 CFR Part 74.51 and Part 92.40). Successful applicants will be required to provide an annual progress report. The progress report will be included in the continuation application each year. The progress report should include a brief summary of overall project accomplishments during the reporting period, including any barriers to progress that have been encountered and strategies/steps taken to overcome them. Grantees will report any changes and progress in the following areas: budget and budget justification, administration and organization, training, continuing education, services provided, program development, project plan amendments, and publications.

9.3 Performance Standards for Special Projects of Regional or National Significance (SPRANS) and other MCHB Discretionary Projects

The Health Resources and Services Administration (HRSA) is modifying its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures being developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the block grant provisions of Title V. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget. Measures are based primarily on existing data. A new electronic system for reporting these data elements will be available shortly.

9.4 MCH Training Performance Measures and Administrative Data

In order to better prepare applicants for future reporting requirements, performance measures and administrative data for the MCH Training Program are presented in Appendix E. Proposed performance measures developed by the LEND program are presented in Appendix F.

Appendix A

Application Forms and Instructions

All applications should be developed in accordance with the format and general instructions outlined in the instructions for form HRSA-6025-1. Specific content, program emphases, etc., applicable to LEND should be derived from Chapters 4 and 5; those applicable to CPH should be derived from Chapters 7 and 8 of this guidance.

Each page must be numbered. The Detailed Description of Project may be less than, but **must not exceed 50 pages (LEND), 40 pages (CPH)** of narrative, exclusive of appendices and budget requirements. Appendices **must not exceed 110 pages (LEND) and 35 pages (CPH)**. A table of contents and appendices must be included. **Any pages which exceed the page limits will be removed from the application and will not be reviewed.**

Forms and Instructions are included below.

Read and follow these instructions carefully to avoid delays and misunderstanding. Before preparing an application, review the *Public Health Service (PHS) Grants Policy Statement* and the announcement for this program for information on the administration of training grants and cooperative agreements. Copies of the *PHS Grants Policy Statement* are available at most applicant organizations or at <http://grants2.nih.gov/grants/policy/gps/>.

GENERAL INSTRUCTIONS

SUBMISSION

- Applications must be submitted in English, on 8 1/2 X 11 plain white paper and printed on one side only.
- Margins must be at least one (1) inch at the top and bottom of the paper and on both sides.
- Type size must be no smaller than 12 pitch font. Applications which include smaller characters **will not** be accepted for processing.
- The application must be numbered sequentially from page 1 (face page) to the end of the grant, including the appendices. Sub-numbering (such as 3a, 3b, etc.) must not be used.
- A Table of Contents which lists the major sections of the application along with the appropriate page numbers is required.
- Submit a complete application. Additional material submitted after the deadline will not be accepted.
- Do not exceed the maximum number of pages permitted in the application. Any pages which exceed the page limits will be removed from the application and will not be reviewed.

- Do not bind or staple the application but use rubber bands or metal clips. Do not use tabs on pages of the application or on section dividers
- Mail or deliver the complete and signed original of the application and two photocopies, in one package, to the address given in the announcement.
- Applicants who do not follow these guidelines jeopardize the processing of their application.

The remainder of this appendix is a complete application package, including all forms and instructions for applying for an MCH Training grant. If additional space is needed to complete any of the items, use numbered continuation pages and identify each item with its number and/or title. If any item in the application is not applicable, please insert "NA" in that space.

<p align="center">DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Grant Application</p> <p align="center">INSERT PROGRAM NAME HERE</p>		Date Received	Grant Number
		CFDA No. 93.110, MCHLT, HRSA 04-053	
1. Title of Project <i>(not to exceed 56 typewriter spaces)</i>			
2a. Project Director, Name <i>(last, first, middle initial & position title)</i>		2b. Highest Degree	2c. Social Security No.
2d. Mailing Address <i>(organization, street, city, state, zip code)</i>		2e. E-Mail Address	
		2f. Department	
		2g. School or College	
2h. Telephone <i>(area code, number, extension)</i>		2i. Fax <i>(area code, number)</i>	
3. Dates of entire proposed project period (This application) From To		4. Applicant Organization <i>(name and address)</i>	
5. Congressional District of Applicant Other Districts that Benefit Financially from this Application _____			
6. Official in business office to be contacted concerning application <i>(name, title, address and telephone number)</i>		6a. Single point of contact if different from 6	
		6b. E-Mail address of single point of contact	
7. Entity identification no.	8. Official signing for applicant organization (name, title and telephone number)		
9. Type of organization <i>(see instructions)</i> <input type="checkbox"/> Private Nonprofit <input type="checkbox"/> Public (Specify Federal, State, Local) _____			
10. Project Director Assurance: I agree to accept responsibility for the conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.		11. Signature of person named in item 2a. "PER" signature not acceptable. _____ Date _____	
12. Certification and acceptance I certify that the statements herein are true and complete to the best of my knowledge and accept the obligation to comply with the DHHS terms and conditions if a grant is awarded as a result of this application. A willfully false certification is a criminal offense (U.S. Code, Title 18, Section 1001).		13. Signature of person named in item 8. "PER" signature not acceptable. _____ Date _____	

HRSA-6025-1 (Formerly PHS-6025-1)
(revised 6/00)

I. **Face Page (HRSA-6025-1) Instructions**

The Catalog of Federal Domestic Assistance (CFDA) number has been entered for you in the upper right hand section of the form. Note: Please enter the program name in this box (**LEND or CPH**).

1. **Title of Project** - Enter a descriptive title for this project. Do not exceed 56 characters.
- 2a. **Project Director** - Designate the individual who will direct and be responsible to the applicant institution for the proposed project.
- 2b. **Highest Degree** - Enter all pertinent degrees, including relevant certifications.
- 2c. **Social Security Number** -DHHS requests the Social Security Number for the purpose of accurate identification, referral, and review of applications and for efficient management of DHHS grant programs. Provision of the Social Security Number is voluntary. No individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose his or her Social Security Number.
- 2d. **Mailing Address** - Enter the office address of the project director if different from address in item 4.
- 2e. **E-mail Address** - Enter the address at which the project director can receive E-mail.
- 2f. **Department** - Organizational affiliation
- 2g. **School or College** - This is the school, college, or other major subdivision such as medicine, dental, public health, nursing, etc.
- 2h. **Telephone** - Enter the number at which the project director usually can be reached during business hours.
- 2i. **FAX** - Enter the number at which the project director can receive FAX mail.
3. **Dates of Entire Proposed Project Period** - The initial period of Federal support is limited to five years. The start date for the LEND program is July 1, 2004; the start date for the CPH program is June 1, 2004.
4. **Applicant Organization** - Name the one institution that will be legally and financially responsible and accountable for the use and disposition of any DHHS funds awarded on the basis of this application. Enter name and address (street, city, state, **and 9-digit zip code**)

5. **Congressional District of Applicant** - Enter the Congressional District in which the applicant institution is located.

Other Districts that Benefit Financially from this Grant - Enter the Congressional District(s) that may benefit financially if an award is made.

6. **Official in Business Office to be Contacted Concerning Application** - Self-explanatory.

- 6a. **Single Point of Contact (SPOC)** - This is a designated institutional official responsible for all business management activities between the institution and the Office of Grants Management Operations in HRSA. **Only complete this item if the institution has not designated a point of contact with MCHB.**

- 6b. **E-mail Address of Single Point of Contact** - Self-explanatory.

7. **Entity Identification Number** - Enter the number assigned by DHHS to each grantee institution for payment and accounting purposes. If a number has not been assigned, enter institution's IRS employer identification number.

8. **Official Signing for the Applicant Organization** - See instructions for item 12.

9. **Type of Organization** - Some Federal organizations must submit a document of eligibility with the completed application in accordance with DHHS Policy.

A private nonprofit organization must submit proof of its nonprofit status if it has not previously done so. If such proof has been previously submitted to any component of DHHS, identify the component and the date submitted. Acceptable proof to be submitted with the completed application may be: (a) a reference to the organization's listing in the most recent IRS cumulative list of tax exempt organizations; or (b) a copy of a currently valid IRS tax exemption certificate; or (c) a statement from a State taxing authority or State Attorney General, certifying that the organization is a nonprofit organization operating within the State and that no part of its earnings may lawfully inure to the benefit of any private shareholder or individual; or (d) a certified copy of the certificate of incorporation or other document which clearly establishes the nonprofit status of the organization.

10. **Project Director Assurance** - Self-explanatory.

11. **Signature of Person Named in Item 2a** - Self-explanatory.

12. **Certification and Acceptance** - The signature of an authorized official of the applicant institution is required as certification that the information in the application is correct, that the institution agrees to abide by enabling legislation,

applicable regulations, DHHS policies, and conditions placed on the award, and that adequate facilities will be made available for the conduct of the proposed project. If the official named in item 8 is not available to sign for the applicant organization, an official authorized may sign as "acting" for such official. "Per" signatures are not acceptable. Signatures are required in ink and on the original copy only.

13. **Signature of Person Named in Item 8** - Self-explanatory.

II. TABLE OF CONTENTS

A table of contents which lists the major items presented in this application with the page number where they appear is required. A suggested format for the Table of Contents is found below. This suggested format is the minimum required. You may include more detail in the Table of Contents if you wish.

Sample Table of Contents:

1. Face Sheet, Form HRSA 6025-1	
2. Table of Contents	
3. Abstract of Proposal (3 pages)	
4. Detailed Budget-First 12 Month Budget Period	
5. Budget Justification	
6. Consolidated Budget, Budget Estimates for all years of support requested	
7. Detailed Description of Project (no more than 50 pages for LEND; 40 pages for CPH)	
A. Purpose of Project	
B. Goal(s) and Objectives	
C. Organizational and Administrative Structure	
D. Setting of the Project	
E. Existing Resources	
F. Required Resources	
G. Program Methodology	
a. Project Director and Faculty	
b. Trainees	
c. Curriculum	
d. Continuing Education and Development	
e. Technical Assistance/Consultation and Collaboration	
f. Development and Dissemination of Educational Resources	
H. Evaluation	
I. Special Concerns and Program Priorities	
8. Appendices (no more than 110 pages total for LEND; 35 pages for CPH)	
Appendix A: Description of Committees	
Appendix B: Copies of Agreements/Commitments	
Appendix C: Maps, Floor Plans, Charts	
Appendix D: Syllabus	
Appendix E: Position Descriptions	
Appendix F: Biographical Sketches	
9. Summary Progress Report	
10. Checklist	

ABSTRACT OF PROPOSAL

Not to exceed 3 pages

Project Title:

MC Number: (competing continuation applications only)

Project Director:

Contact Person:

Grantee Organization:

Address:

Phone Number:

FAX Number:

E-mail Address:

World Wide Web Address:

Project Period:

Text of Annotation:

Key Words:

Abstract Narrative:

Problem:

Goals and Objectives:

Methodology:

Coordination:

Evaluation:

Experience to Date:

III. Abstract Instructions

The Abstract of the project must not exceed three (3) pages. More detailed information should be included in the Detailed Description of the Project. The Abstract will be utilized extensively by non-Federal reviewers. It is essential, therefore, that the Abstract reflect the most critical points of the application. It is suggested that the three (3) page Abstract be prepared after the Detailed Description of Project has been completed and should be developed in accordance with the format and general instructions outlined below.

The project abstract of all approved and funded applications will be published in the Maternal and Child Health Bureau's (MCHB) annual publication entitled *Abstracts of Active Projects*. This publication, which includes summaries of all projects funded by MCHB, is updated annually and is an important mechanism for disseminating information about MCHB-funded projects. It is widely distributed to MCHB grantees, Title V programs, academic institutions, and government agencies. A database of the abstracts is available at <http://www.mchlibrary.info/MCHProjectsSearch/mchbproj.html#about>.

The Abstract should not exceed three pages and the pages should not be numbered. This abstract may be used in lieu of the one-page Public Health System Impact Statement (PHSIS), if the applicant is required to submit a PHSIS.

Each copy of the application must include a copy of the abstract. The abstract should be placed after the table of contents. One original print copy and a disk of the abstract should be submitted, along with the application, in a large envelope or file folder.

1. Project Identifying Information

Project Title: List the title as it appears on the application.

MC Number: This is the number assigned to a project when funded.

Project Director: The name and degree(s)/credentials of the project director as listed on the grant application.

Contact Person: The person to be contacted by those seeking information about the project, if different from the Project Director.

Grantee

Organization: The applicant organization to receive the grant.

Address: For the Contact Person, the complete mailing address, including street and/or post office box, city, state, and zip code.

Phone Number: Include area code, phone number, and extension.

FAX Number: Include area code with FAX telephone number.

E-mail Address: Include electronic mail address.

Home Page: Include web address, if available.

Project Period: Include the entire requested funding period for the project, not simply the one-year budget period.

2. Annotation

Prepare a three- to five-sentence summary of the project which identifies the project's purpose, needs and problems addressed, the goals and objectives of the project, the educational programs and activities for attaining the goals, and evaluation.

3. Key Words

Key words are the terms under which your project will be listed in a subject index of the abstracts book and indexed in databases. Select the most significant terms which describe the training project, including health professions for which training is offered; populations served; scope of services; and major issues being addressed through service, research, and training. Select from Appendix C: Menu of Suggested Key Words, and list the most significant terms which describe your project, including populations served.

4. Abstract

A. PROBLEM:

Briefly (in one or two paragraphs) state the principal needs and problems which are addressed by the project, including the project's relationship to current MCH program priorities.

B. GOAL(S) AND OBJECTIVES:

Identify the major training goal(s) and objectives for the project period. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.

C. METHODOLOGY:

Describe the educational programs and activities used to attain the objectives and comment on innovation, cost, and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities which have been proposed or are being implemented to achieve the stated objectives. Lists with numbered items are sometimes used in this section as well.

D. COORDINATION:

Describe the coordination planned with appropriate national, regional, state and/or local health agencies and/or organizations in the area(s) served by the project.

E. EVALUATION:

Briefly describe the evaluation methods used to assess program outcomes and the effectiveness and efficiency of the training project in attaining goals and objectives. This section is usually one or two paragraphs in length.

DETAILED BUDGET

Direct Costs Only						
A. Nontrainee Expenses						
Personnel (Do not list trainees)		Time/Effort		Dollar Amount Requested (Omit Cents)		
Name	Title of Position	%	Hours per week	Salary	Fringe Benefits	Total
Subtotals						
Consultant Costs						
Equipment (Itemize)						
Contracts						
Supplies (Itemize by category)						
Staff Travel						
Other Expenses (Itemize by category)						
Subtotals (Section A)						
B. Trainee Expenses						
Predoctoral Stipends				No. requested:		
Postdoctoral Stipends				No. requested:		
Other (Specify)				No. requested:		
Total Stipends						
Tuition and Fees						
Trainee Travel (Describe)						
Subtotal (Section B)						
C. Total Direct Costs (Add Subtotals of Sections A and B)						
D. Total Indirect Costs						
E. Total Costs						

Indirect Costs Requested ____ Yes ____ No If "Yes," at ____ % rate.

IV. Detailed Budget (HRSA-6025) Instructions

List the direct costs requested for the first budget period. Supplemental applications should show on the budget sheets only the additional funds requested.

A. Detailed Budget

The applicant must provide an itemized cost-effective budget, compatible with stated objectives, and a detailed justification/rationale for each budget line item. The requested budget and financial plan should reflect institutional commitment to the project detailing and tabulating in-kind contributions, and describe the efforts toward self-sufficiency.

The level of support available is intended to build upon existing resources. It is assumed that applicant institutions will already have basic elements necessary for a training program and that support from this grant will provide additional funds to enable formal implementation of leadership education.

List the direct costs requested for the first year only. Provide additional details and justification on plain white paper for the first year only.

1. Nontrainee Expenses

Personnel: List participants (professional and nonprofessional) by name and position, or by position only if not yet filled, for whom salary is requested. (Support cannot be provided for faculty/staff who are at an organizational level superior to that of the Project Director or who are not subject to his/her administrative direction.) For each professional, state the percent of time or effort to be devoted to the training project. It is important to note that the sum of percentages of time or effort to be expended by each individual for all professional activities must not exceed 100 percent. For each nonprofessional, indicate hours per week on the project.

On a continuation page, list the total project effort of hours or percent of time that personnel, including unpaid (voluntary) faculty and staff (professional, technical, secretarial and clerical) will devote to the project and reflect their contribution in the budget justification even though funds for salaries have not been requested. Information on both grant and non-grant supported positions is essential in order for reviewers to determine if project resources are adequate.

List the dollar amounts separately for fringe benefits and salary for each individual. In computing estimated salary charges, an individual's salary represents the total authorized annual compensation that an applicant organization would be prepared to pay for a specified work period irrespective of whether an individual's time would be spent on government-sponsored research, teaching or other activities. The base salary for the purposes of computing charges to a DHHS grant excludes income which an individual may be permitted to earn outside of full-time duties to the applicant organization. Where appropriate, indicate whether the amounts requested for the professional personnel are for twelve-month, academic year, or summer salaries, and include the formulas for calculating summer salaries. Fringe benefits, if treated consistently by the grantee institution as a direct cost to all sponsors, may be requested separately for each

individual in proportion to the salary requested, or may be entered as a total if your institution has established a composite fringe benefit rate.

An applicant organization has the option of having specific salary and fringe benefit amounts for individuals omitted from the copies of the application which are made available to outside reviewing groups. If the applicant organization elects to exercise this option, use asterisks on the original and two copies of the application to indicate those individuals for whom salaries and fringe benefits are being requested; the subtotals must still be shown. In addition, submit a copy of the Detailed Budget page, completed in full, including the amount of the salary and fringe benefits requested for each individual listed. This copy of the Detailed Budget page will be reserved for internal DHHS staff use only.

Consultant Costs: Give name and institutional affiliation, qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

Equipment: List and justify each separate item of equipment. If requesting funds to purchase equipment which is already available, explain the need for the duplication.

Contracts: List and justify each proposed contract and provide a description of activities or functions to be performed. Provide a breakdown of and justification for costs, the basis upon which indirect cost charges, if any, will be reimbursed. Also indicate the type of contract proposed, the kind of organizations or other parties to be selected, and the method of selecting these parties.

Supplies: Itemize and justify how major types of supplies, such as general office and photocopying expenses, relate to the project. Medical/clinical supplies and drugs are not ordinarily acceptable.

Staff Travel: Enter amount for staff travel essential to the conduct of the training project. Describe the purpose of the travel giving the number of trips involved, the destinations and the number of individuals for whom funds are requested. Please note that travel costs for consultants, should be included under "Consultants." Use of grant funds for foreign travel is prohibited.

Applicants whose projects are approved and funded may be asked to travel to an annual grantee meeting. The time of this meeting will be announced at a later date.

Other Expenses: List and justify other expenses by major categories. Do not include items that properly belong in one of the other categories.

B. Trainee Expenses

Stipends: Enter the number and total stipend amount for each trainee category as appropriate. See the specific program guidance for allowable stipend levels.

Tuition and Fees: Enter tuition and fees requested. Explain in detail the composition of this item. Tuition at the postdoctoral level is limited to that required for specified courses. The institution may request tuition and fees (including appropriate health insurance) only to the extent that the same resident or nonresident tuition and fees are charged to regular non-Federally supported students.

Trainee Travel: Enter amount requested for trainee travel necessary to the training experience. This is generally limited to local travel, unless specifically authorized. Describe the purpose of the travel, giving the number of trips involved, the travel allowance used, the destinations and the number of individuals for whom funds are requested.

Indirect Costs: Indirect costs will be reimbursed at 8% of total allowable direct costs exclusive of tuition and related fees and expenditures for equipment or at the actual indirect cost rate, whichever results in a lesser dollar amount.

Total Costs: Use the bottom section of this form to show the total funding for the project.

The **Budget Justification**, describing what each item covers and indicating details of how budget figures were developed, must be provided on separate pages of plain paper following the Detailed Budget. Applicants typically identify the specific needs, but often fail to write a justification of those needs. These detailed budget justifications require the applicant to show specific references to the project plan related to how the requested dollar amount was developed. Applicants are not required to submit copies of contracts; however, personnel, scope of work, budgets, and budget justification of contracts are required for grants management review. An itemized list of in-kind contributions with cost estimates should also be provided in the budget justification.

Part 1 - Consolidated Budget Form, Part 1

Direct Costs	First Budget Period	Second Budget Period	Third Budget Period	Fourth Budget Period	Fifth Budget Period	Total
A. Nontrainee Expenses						
Personnel						
Consultant Costs						
Equipment						
Contracts						
Supplies						
Staff Travel						
Other Expenses						
Subtotal Section A						
B. Trainee Expenses						
Stipends						
Tuition & Fees						
Trainee Travel						
Subtotal Section B						
Total Direct Costs (Add Subtotals of Sections A & B)						
Total Indirect Costs						
Total Project Costs						

Part 2 - Consolidated Budget Form, Part 2

Estimated Funding	First Budget Period	Second Budget Period	Third Budget Period	Fourth Budget Period	Fifth Budget Period	Total
Federal (Requested in this Application)						
Other Federal						
Applicant Institution						
State, Local/Other						
Program Income						
Total						

Indirect Costs Requested ____ Yes ____ No If "Yes," at ____ % rate. HRSA-6025 (Formerly PHS-6025)
(Revised 06/00)

V. Consolidated Budget Instructions

Use **Part 1** of the **Consolidated Budget** form to summarize budget data for all five years of support requested. This information will assist reviewers in evaluating whether project resources are adequate.

Include annual totals and totals for the entire project period in the last column. Figures in the Year One section should be consistent with the figures on the Detailed Budget. Include estimated totals for the entire project period in the last column.

Indirect Costs: Indirect cost may be requested at 8 percent of total allowable direct costs or actual rate, whichever is less. Indirect cost should be calculated on A. Nontrainee Expenses **less equipment, rental items, and subcontracts in excess of \$25,000.**

Total Costs: Use the bottom section of this form to show the total funding for the project.

Use **Part 2** of the **Consolidated Budget** form to show the total funding for the project.

Federal (Requested in this Application): The Federal contribution requested in this application should be consistent with the totals shown in **Part 1** of the **Consolidated Budget**.

Other existing Federal funding: Other federal funding supporting this project should be entered on the second line.

Applicant Institution: Direct and in-kind contributions from the applicant institution should be entered on the third line. Provide an itemized list of in-kind support in the Budget Justification section.

State, Local/Other: Funding received from other sources should be entered on the fourth line.

Program Income: Any expected project income should be shown on the fifth line.

Total: Use the bottom section of this form to show the total funding for the project.

Detailed Description of the Project

A. PURPOSE OF THE PROJECT

B. GOAL(S) AND OBJECTIVES

C. ORGANIZATIONAL AND ADMINISTRATIVE STRUCTURE

D. SETTING OF THE PROJECT

E. EXISTING RESOURCES

F. REQUIRED RESOURCES

G. PROGRAM METHODOLOGY

- a. Project Director and Faculty**
- b. Trainees**
- c. Curriculum**
- d. Continuing Education and Development**
- e. Technical Assistance/Consultation**
- f. Development/Dissemination of Educational Resources**
- g. Special Concerns and Program Priorities**

H. EVALUATION

I. SPECIAL CONCERNS

APPENDICES

VI. Detailed Description of Project Instructions

Each application should be self-contained and sufficiently complete so that it can be reviewed fully on the basis of the information submitted. All applications should be developed in accordance with the format and general instructions outlined below. **Specific content, program emphases, etc., should be derived from the Application Guidance** and any special guidelines which are applicable to the particular category of grant.

A. PURPOSE OF PROJECT

Briefly describe the background of the present proposal, critically evaluating the national, regional and local need/demand for the training and specifically identifying problem(s) to be addressed and gaps which the project is intended to fill. (If available, a summary of needs assessment findings should be included.) State concisely the importance of the project by relating the specific objectives to the potential of the project to meet the purposes of the grant program describe in the program announcement.

B. GOAL(S) AND OBJECTIVES

State the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose for this project. The objectives must be **observable** and **measurable** with specific **outcomes** for each project year which are attainable in the stated **time frame**. These outcomes are the criteria for evaluation of the program.

C. ORGANIZATIONAL AND ADMINISTRATIVE STRUCTURE

Describe briefly the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program. Charts outlining these relationships must be included. Descriptions of committees which are a part of or related to the program, including the composition, function, and responsibilities, should be included in the appendix.

D. SETTING OF THE PROJECT

Describe briefly the physical setting(s) in which the program will take place, including geographic location of the primary site in relation to key training resources, e.g., distance between sites that are available and will be used to carry out the program. Maps/plans should be included in the appendix.

E. EXISTING RESOURCES

Include a brief, specific description of the available resources (faculty, staff, space, equipment, clinical facilities, etc.), and related community services that are available and will be used to carry out the program. Floor plans showing office, clinic, and teaching space and biographical sketches of faculty/staff should be included in the appendix.

F. REQUIRED RESOURCES

Describe briefly what additional resources are needed to accomplish the stated goals and objectives, i.e., what is requested through project support and why. **Position descriptions** for key faculty/staff must be included in the appendix. At a minimum, job descriptions should spell out specifically **administrative direction** (from whom it is received and to whom it is provided),

functional relationships (to whom and in what ways the position relates for training and/or service functions, including professional supervision), **duties and responsibilities** (what is done and how), and the **minimum qualifications** (the minimum requirements of education, training, and experience necessary for accomplishment of the job). Position descriptions should include the qualifications necessary to meet the functional requirements of the position, **not** the particular capabilities or qualifications of a given individual. An individual job description should be submitted for each position and should **never exceed two pages** in length.

G. PROGRAM METHODOLOGY

See the chapter on Training Program Narrative Requirements to complete the Program Methodology portion of the Application.

- Identify the competencies expected of the graduates and the required curriculum, including didactic and practicum components. A brief syllabus, including descriptions of courses and clinical experiences and differentiating required and elective components, should be included in the appendix.
- Describe, by year, the activities, methods, and techniques to be used to accomplish the objectives of the project.
- Describe the roles and responsibilities of key project personnel.
- Provide a timetable and identify responsible persons for implementation of the activities that will support the objectives.
- Include in the appendix copies of agreements, letters of understanding/commitment or similar documents from key organizations/individuals of their willingness to perform in accordance with the plan presented in the application.

H. EVALUATION

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of Title V investments. Consequently, discretionary grant projects, including training projects, are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems, health and performance outcome indicators, rather than solely on intermediate process measures. The protocol should be based on a clear rationale relating to the identified needs of the target population with project goals, grant activities, and evaluation measures. A project lacking a complete and well-conceived evaluation protocol may not be funded. A formal plan for evaluating the training program must address how the major goals and objectives of the project will be achieved. Demographic and discipline specific information, including assessment of trainees' initial and subsequent job placements/employment must be included in the evaluation plan.

Monitoring and evaluation activities should be ongoing and, to the extent feasible, should be structured to elicit information which is quantifiable and which permits objective rather than subjective judgments. Explain what data will be collected, the methods for collection and the manner in which data will be analyzed and reported. Data analysis and reporting must facilitate evaluation of the project outcomes.

The applicant should describe who on the project will be responsible for refining and collecting, and analyzing data for the evaluation and how the applicant will make changes to the program based on evaluation findings. The applicant should present a plan for collecting the data elements described in the Reporting Requirements Chapter.

I. SPECIAL CONCERNS

Please indicate here the sections (and page numbers) in the program narrative where you have addressed the areas of special concern to MCHB: Healthy People 2010, Underserved Populations, Cultural Competence, Relation to the MCH Title V Program and other training programs, and whether you are serving a geographic area that is currently unserved or underserved by the MCH Training Program. By noting the section and page number where you have addressed these issues in your application, you will facilitate the review of your application.

APPENDICES

All material included in appendices must be relevant, brief and should be limited to the items listed below, as applicable:

- A. **Descriptions of committees**, such as planning committees, which are a part of the program, including the composition, function, and responsibilities of each.
- B. **Copies of agreements/commitments**, letters of understanding or similar documents defining the relationships between the proposed program and collaborating departments/institutions, organizations, or agencies, and the responsibilities of each. (Pro-forma letters of endorsement should not be included.)
- C. **Maps, floor plans, and charts** indicating the location(s) and settings of primary training activities.
- D. **Curriculum** of the program as appropriate.
- E. **Position Descriptions** specific to the role on this grant for professional and technical positions for which grant support is requested, and for similar positions with significant roles in the program, even though supported from other sources. Job descriptions should spell out specifically **administrative direction** (from whom it is received and to whom it is provided), **duties and responsibilities** (what is done and how), and the **minimum qualifications** (the minimum requirements of education, training, and experience necessary for accomplishment of the job). A job description should **not exceed two pages** in length.
- F. **Biographical sketches** for each incumbent in a position for which a job description is submitted. Follow instructions and include all information on the Biographical Sketch form (next page), **not to exceed 2 pages** in length.

BIOGRAPHICAL SKETCH

Name: (Last, first, middle initial)

Title on Training Grant:

Education:

Professional Experience: Begin with current position, then in reverse chronological order, list relevant previous employment and experience. List in reverse chronological order all relevant publications, or most representative if the 2 page limit presents a problem.

VII. Biographical Sketch Instructions

Provide a biographical sketch in this format for key professional personnel contributing to the project. The information must be current, indicating the position description which the individual fills, and including sufficient detail to assess the individual's qualifications for the position as specified in the program announcement and position description. Each biographical sketch must be limited to two pages including publications. Include all degrees and certificates. When listing publications under Professional Experience, list authors in the same order as they appear on the paper, the full title of the article, and the complete reference as it is usually cited in a journal. The sketches should be arranged in alphabetical order, after the project director's sketch, and placed in the appendix.

Summary Progress Report

A. The period covered (dates)

B. Specific objectives

C. Results

D. Evaluation

E. Title V Program Relationship

F. Regional and National Significance

G. Value Added

H. Year 2010 National Health Promotion and Disease Prevention Objectives

I. Special Concerns

VIII. Summary Progress Report Instructions

A summary progress report covering the entire project period (usually five years) is **required** for competing continuation applications only. The Detailed Description of Project may be less than, but must not exceed **25 pages of Narrative**, exclusive of appendices and budget requirements.

Appendices must not exceed 20 pages. New applicants have the option of submitting a similar report covering the preceding five years for activities which are related to the program for which support is being requested. Well-planned progress reports can be of great value by providing a record of accomplishments, which do serve as a basis for support of a project. They are an important source of material for the awarding component staff in preparing annual reports, in planning programs, and in communicating program-specific accomplishments. Submit the Progress Report with the application, but as a separate document. It should be a brief presentation of the accomplishments, in relation to the objectives of the training program, during the entire current project period. The statement should include:

A. **The periods covered** in the report: LEND, July 1, 1999 to June 30, 2004;
CPH, June 1, 2001 to May 31, 2004.

B. Specific objectives

Briefly summarize the specific objectives of the project as actually funded.

C. Results

Describe the program activities conducted for each objective and the accomplishments. Include negative results or technical problems that may be important.

D. Evaluation

Enumerate the quantitative and qualitative measures used to evaluate the activities and objectives. Specify project outcomes and the degree to which stated objectives were achieved. Include any important modifications to your original plans. Identify, in tabular form, by year, the length of training, numbers, disciplines, and levels of trainees in the program. Each MCH-supported trainee who completed training during the approved project period should be listed along with his/her racial/ethnic identity and current employment. Separate identification should be made of continuing education attendees.

E. Title V Program Relationship

Describe the activities related to, or resulting from, established relationships of the program and faculty with state and local Title V agencies and programs in the community, state, and region.

F. Regional and National Significance

Describe significant contributions of the program beyond the state in which it is located.

G. Value Added

Explain how this training grant has made a difference in your program, department, university, and beyond. What accomplishments and benefits would not have been possible without this support?

H. Year 2010 National Health Promotion and Disease Prevention Objectives

Identify the Year 2010 Objectives that this training program has addressed.

CHECKLIST

This is the required last page of the application.
(Check the appropriate boxes and provide the
information requested.)

TYPE OF APPLICATION

- ☐ New application (This application is being submitted to DHHS for a project or program not currently receiving support.
- ☐ Competing Continuation of grant number:
(This application is to extend for one or more additional budget periods, a project period that would otherwise expire.)
- ☐ Supplement to grant number:
(This application is for additional funds to supplement a currently funded grant.)

ASSURANCES, CERTIFICATIONS AND OTHER REQUIREMENTS

Please see the instructions for Assurances, Certifications and Other Requirements on page 26. If the necessary forms have been filed, assurances and certification made, and other requirements met, please check "yes" below. If "no" is checked, please explain.

- ☐ Yes ☐ No (If "No," attach explanation.)

IX. Checklist Instructions

This is the last page of the application and should be appropriately numbered. Carefully review each item on this list and check the appropriate spaces. For assurances, certifications and other requirements, please see the following instructions.

ASSURANCES, CERTIFICATIONS AND OTHER REQUIREMENTS

If the applicant has met the requirements of each of the following assurances, certifications and other requirements, please check the "Yes" space on the Checklist. If one or more of the following assurances, certifications and other requirements are not met, check no and use a continuation sheet to explain. If you need assistance, please call the Division of Grants Management Operations. (See the announcement for this program for the correct phone number.)

A. Civil Rights: Before an award is made, the applicant organization must have submitted, and had accepted by the DHHS Office for Civil Rights, and Assurance of Compliance, Form HHS 441, with the Civil Rights Act of 1964.

B. Handicapped Individuals: Before an award is made, the applicant organization must have submitted, and had accepted by the DHHS Office for Civil Rights, an Assurance of Compliance, Form HHS 641, with section 504 of the Rehabilitation Act of 1973, as amended (29 USC 794). This provides that no handicapped individual shall, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The pertinent DHHS regulations are found in 45 CFR part 84.

C. Age Discrimination: In accordance with 45 CFR part 91, attention is called to the general rule that no person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

D. Sex Discrimination: Before an award is made, the applicant educational organization must have submitted, and had accepted by the DHHS Office for Civil Rights, an Assurance of Compliance, Form HHS 639, with section 901 of Title IX of the Education Amendments of 1972, (Public Law 92-318), as amended, which provide that no person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. The pertinent DHHS regulations are found in 45 CFR part 86. In accordance with 45 CFR part 83 of the DHHS Regulations issued under sections 794 and 855 of the PHS Act, no grant, cooperative agreement, loan guarantee, or interest subsidy payment under Titles VII and VIII of the PHS Act shall be made to or for the benefit of any entity, and no contract under Titles VII or VIII of the PHS Act shall be made with any entity, unless the entity furnishes assurances satisfactory to the Director, Office for Civil Rights, that the entity will not discriminate on the basis of sex in the admission of individuals to its training programs.

Other Discrimination: Attention is called to the requirements of section 401 of the Health Programs Extension Act of 1973, as amended (42 U.S.C. 300 a-7) which provide that no entity which receives any grant, cooperative agreement, contract, loan guarantee, or interest subsidy

under the PHS Act, may deny admission or otherwise discriminate against any applicant (including applicants for internships and residencies) for training or study because of the applicant's reluctance or willingness to counsel, suggest, recommend, assist, or in any way participate in the performance of abortions or sterilizations contrary to or consistent with the applicant's religious beliefs or moral convictions. Attention is called to section 788(c) of the PHS Act which provides that no contract, grant, cooperative agreement, loan guarantee, or interest subsidy payment may be awarded under Titles VII and VIII to, or for the benefit of any school, program, or training center if the tuition levels or educational fees at the school, program, or training center are higher for certain students solely on the basis that such students are the recipients of traineeships, loans, loan guarantees, service scholarships or interest subsidies from the Federal government.

E. Drug Free Workplace Act of 1988: The applicant institution must comply with the requirements of 45 CFR part 76, subpart F, which require certification that grantees will provide and maintain a drug-free workplace.

F. Certification Regarding Lobbying and Disclosure of Lobbying Activities: A certification regarding lobbying is required for each grant award action in excess of \$100,000 before such action can be taken. Government-wide guidance for restrictions on lobbying was published by the Office of Management and Budget in the Federal Register (December 20, 1989).

G. Misconduct in Science: Each institution which receives a research, research-training, or research-related grant or cooperative agreement under the PHS Act must submit an annual assurance (Form PHS 6315) certifying that the institution has established administrative policies as required by the Final Rule (42 CFR part 50, subpart A), and that it will comply with those policies and the requirements of the Final Rule as published at 54 FR 32446, August 8, 1989. As of January 1, 1990, Notice of Grant Awards for grant and cooperative agreements involving research may be issued only to institutions that have filed with the Office of Research Integrity (ORI) acceptable assurances for dealing with and reporting possible misconduct in science. The respective Grants Management Offices will determine the status of an institution by contacting ORI.

H. Debarment and Suspension: The applicant organization must certify, among other things, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency. Subawardees, that is, other corporations, partnerships, or other legal entities (called "lower tier" participants), must make the same certification to the applicant organization concerning their covered transactions. The pertinent DHHS regulations are found in 45 CFR part 76.

I. Statement of Non-Delinquency on Federal Debt: The question applies only to the person or institution requesting financial assistance, and does not apply to the person who signs an application form as the authorized representative of an institution or on behalf of another person who actually receives the funds. Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. For purposes of this statement, the following definitions apply:

- For direct loans, a debt more than 31 days past due on a scheduled payment.
- For agents, recipients of a "Notice of Grants Cost Disallowance" who have not repaid the disallowed amount or who have not resolved the disallowance.
- For guaranteed and insured loans, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.

J. Drug-Free Schools and Campuses: The Drug-Free Schools and Communities Act Amendments of 1989, Public Law 101-226, require that any public or private institution of higher education (including independent hospitals conducting training programs for health care personnel), State educational agency, or local educational agency receiving Federal financial assistance must certify to the Secretary of Education, as a condition for funding, that it has adopted and implemented a drug prevention program as described in regulations at 34 CFR part 86 (55 FR 33580) August 16, 1990. The provisions of the regulations also apply to subgrantees which receive Federal funds from any Federal grantee regardless of whether or not the primary grantee is an institution of higher education, State educational agency, or local educational agency.

K. Bloodborne Diseases: Section 308 of Public Law 102-408 requires that with respect to awards of grants or contracts under title VII or VIII of the PHS Act, the Secretary of Health and Human Services may make such an award for the provision of traineeships only if the applicant for the award provides assurances satisfactory to the Secretary that all trainees will, as appropriate, receive instruction in the utilization of universal precautions and infection control procedures for the prevention of the transmission of bloodborne diseases.

L. International Medical Graduates: Section 798(f)(5) of Public Law 102-408 requires that, before an award of a grant, cooperative agreement, or contract can be made under title VII of the PHS Act to an entity (including a school) that provides graduate training in the health professions, the applicant organization must certify that, in considering applications for admission to a program of such training, the entity will not refuse to consider an application solely on the basis that the application is submitted by a graduate of a foreign medical school. This paragraph may not be construed as establishing any private right of action.

RELEASE OF INFORMATION

A. General Public Information: DHHS makes available routinely to interested persons a report listing grants awarded. Information made available includes the title of the project, grantee institution, project director, and the amount of the award. The Freedom of Information Act (5 USC 552a) and the associated Freedom of Information Regulations (45 CFR part 5b) of the DHHS require the release of certain information about grants upon request. Release does not depend upon the intended use of the information. Generally available for release upon request are all funded grant applications; progress reports of grantees; and final reports of any review or evaluation of grantee performance conducted or caused to be conducted by the Department. Release is subject to deletion of material that would affect patent or other valuable rights.

B. Information Available to the Project Director: The Privacy Act of 1974 (5 USC 552a) and the associated Privacy Act Regulations (45 CFR part 5b) give individuals the right of access, upon

request, to information in the records concerning themselves. The Act provides a mechanism for correction or amendment of such information. It also provides for the protection of information pertaining to an individual, but it does not prevent disclosure if release of such information is required under the Freedom of Information Act. If a Privacy Act system of records applies, the name and number of the system will be identified. If applicable, the Privacy Act requires that a Federal agency requesting information from an individual advise the individual of the agency's authority to make the request, whether compliance with the request is voluntary or mandatory, how and why the information will be used both inside and outside the agency, and what the consequences are for the individual of failing to provide all or any part of the requested information.

The DHHS requests the information described in these instructions under authority of the PHS Act as amended (42 USC 289-1). Although provision of the information requested is entirely voluntary, it is necessary for making grant award decisions. A lack of sufficient information may hinder DHHS's ability to review applications. This information will be used within the DHHS, and may be disclosed outside the Department as permitted by the Privacy Act under the applicable system of records.

C. Government Use of Information: In addition to being used in evaluating applications, other routine uses of information can include disclosures to the public as required by the Freedom of Information Act; to the Congress; to the National Archives and Records Service; to the Bureau of the Census; to law enforcement agencies upon their request; to the General Accounting Office' and under court order. It may also be disclosed outside of the Department if necessary for the following purposes.

1. To the cognizant audit agency for auditing;
2. To the Department of Justice as required for litigation;
3. To respond to an inquiry from a Congressional office about the record of an individual made at the request of that individual;
4. To qualified experts not within the definition of Department employees as prescribed in Department regulations (45 CFR part 5b.2) for opinions as a part of the application review process;
5. To a Federal agency, in response to its request, in connection with the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter;
6. To individuals and organizations deemed qualified by the DHHS to carry out specific research related to the review and award process of the DHHS;
7. To organizations in the private sector with whom DHHS has contracted for the purpose of collating, analyzing, aggregating or otherwise refining records in a system. Relevant records will be disclosed to such a contractor. The contractor shall be required to maintain Privacy Act safeguards with respect to such records; and
8. To the applicant organization in connection with performance or administration under the term and conditions of the award.

Appendix B: Guidelines for Trainees/Fellows

A. Definitions

1. A **trainee** is an individual whose activities within the training program are directed primarily toward achieving an advanced degree.
2. A **fellow** is an individual who has met at least the minimum standards of education and experience accepted by his/her respective profession and whose activities within the training program are for the primary purpose of obtaining or enhancing particular skills or knowledge.

B. Qualifications

1. A **trainee** must have at least a baccalaureate degree and be enrolled in a graduate program.
2. A **fellow** must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for his/her field.
3. A **postdoctoral** fellow must have an earned doctorate and must have completed any required internship.
4. A **postresidency** fellow must have an earned medical or dental degree and must have satisfied requirements for certification in a specialty relevant to the purpose of the proposed training.
5. A **special fellow** may be approved, upon request to the MCHB, only in those unusual circumstances where particular needs cannot be met within the categories described above.
6. **Citizenship** – A fellow or trainee must be a United States citizen, or, as an alien, must have been admitted to the United States with a permanent resident visa.
7. **Licensure** – For any profession for which licensure is a prerequisite, the applicant must also be licensed by one of the states, or, in the case of foreign graduates, meet other requirements which legally qualify him/her to practice his/her profession in the United States.

C. Restrictions

1. Concurrent Income

It is expected that most trainees/fellows will be full time. In most instances stipends may not be granted to persons receiving a concurrent salary, fellowship or traineeship stipend, or other financial support related to his/her training or employment. In the case of part-time trainees/fellows, exceptions may be requested and will be considered on an individual basis. Tuition support may be provided to full-time or part-time trainees.

2. Non-related Duties

The training institution shall not require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.

3. Field Training

Training institutions may not utilize grant funds to support field training, except when such training is part of the specified requirements of a degree program, or is authorized in the approved application.

4. Other

Grant funds may **not** be used: (a) for the support of any trainee who would not, in the judgment of the institution, be able to use the training or meet the minimum qualifications specified in the approved plan for the training; (b) to continue the support of a trainee who has failed to demonstrate satisfactory participation; or (c) for support of candidates for undergraduate or preprofessional degrees, or the basic professional degree.

D. Trainee Costs

1. Allowable Costs

- a. Stipends
- b. Tuition and fees, including medical insurance
- c. Travel related to training and field placements
- d. For a few institutions it is beneficial to support trainees through tuition remission and wages. Tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in nonsponsored as well as sponsored activities.

2. Non-Allowable Costs

- a. Dependency allowances
- b. Travel between home and training site, unless specifically authorized
- c. Fringe benefits or deductions which normally apply only to persons with the status of an employee

3. Stipend Levels

All stipends indicated are for a full calendar year, and must be prorated for an academic year or other training period of less than twelve months. The stipend levels may, for the Maternal and Child Health Training Program, be treated as ceilings rather than mandatory amounts, i.e., **stipends may be less than but may not exceed the amounts indicated**. However, where lesser amounts are awarded the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows. These stipend levels apply to the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Health Resources and Services Administration training grantees and were updated on March 7, 2003, see <http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-03-033.html>

a.	Predoctoral	\$ 19,968
b.	Postdoctoral	
	Years of Relevant Experience*	Stipend Level
	0	\$ 34,200
	1	\$ 36,108
	2	\$ 40,920
	3	\$ 42,648
	4	\$ 44,364
	5	\$ 46,404
	6	\$ 48,444
	7 or more	\$ 50,808

*Determination of the “years of relevant experience” shall be made in accordance with program guidelines and will give credit to experience gained prior to entry into the grant-supported program as well as to prior years of participation in the grant-supported program. The appropriate number of “years” (of relevant experience) at the time of entry into the program will be determined as of the date on which the individual trainee begins his/her training rather than on the budget period beginning date of the training grant. Stipends for subsequent years of support are at the next level on the stipend chart.

b. Supplements to Stipends

Stipends specified above may be supplemented by an institution from non-federal funds. No Federal funds may be used for stipend supplementation unless specifically authorized under the terms of the program from which the supplemental funds are derived.

Appendix C: Menu of Suggested Key Words

A list of keywords used to describe MCHB-funded projects follows. Please choose from this list when selecting terms to classify your project.

If no term on this list adequately describes a concept which you would like to convey, please select a term which you think is appropriate and include it in your list of keywords.

Access to Health Care	Burns
Adolescent Health Programs	Cambodians
Adolescent Nutrition	Caregivers
Adolescent Parents	Case Management
Adolescent Pregnancy	Cerebral Palsy
Adolescent Pregnancy Prevention	Chelation Therapy
Adolescent Risk Behavior Prevention	Child Abuse
Adolescents	Child Abuse Prevention
Adolescents with Disabilities	Child Care
Advocacy	Child Care Centers
African Americans	Child Care Workers
Agricultural Safety	Child Mortality
AIDS	Child Neglect
AIDS Prevention	Child Nutrition
Alaska Natives	Child Sexual Abuse
Alcohol	Childhood Cancer
American Academy of Pediatrics	Children with Special Health Needs
American College of Obstetricians and Gynecologists	Child Death Review
American Public Health Association	Chronic Illnesses and Disabilities
Amniocentesis	Cleft Lip
Anemia	Cleft Palate
Anticipatory Guidance	Clinical Genetics
Appalachians	Clinics
Arthritis	Cocaine
Asian Language Materials	Collaborative Office Rounds
Asians	Communicable Diseases
Asthma	Communication Disorders
Attachment	Communication Systems
Attachment Behavior	Community Based Health Education
Attention Deficit Disorder	Community Based Health Services
Audiology	Community Based Preventive Health
Audiometry	Community Development
Audiovisual Materials	Community Health Centers
Baby Bottle Tooth Decay	Community Integrated Service System
Battered Women	Community Participation
Behavior Disorders	Compliance
Behavioral Pediatrics	Comprehensive Primary Care
Bereavement	Computer Linkage
Bicycle Helmets	Computer Systems
Bicycle Safety	Conferences
Bilingual Services	Congenital Abnormalities
Biochemical Genetics	Consortia
Blindness	Continuing Education
Blood Pressure Determination	Continuity of Care
Body Composition	Cost Effectiveness
Bonding	Counseling
Brain Injuries	County Health Agencies
Breast Pumps	Craniofacial Abnormalities
Breastfeeding	Cultural Diversity
Bronchopulmonary Dysplasia	Cultural Sensitivity

Curricula
 Cystic Fibrosis
 Cytogenetics
 Data Analysis
 Data Collection
 Data Systems
 Databases
 Deafness
 Decision Making Skills
 Delayed Development
 Dental Sealants
 Dental Treatment of Children with Disabilities
 Depression
 Developmental Disabilities
 Developmental Evaluation
 Developmental Screening
 Diagnosis
 Diarrhea
 Dietitians
 Dispute Resolution
 Dissemination
 Distance Education
 Divorce
 DNA Analysis
 Down Syndrome
 Drowning
 Early Childhood Development
 Early Intervention
 Electronic Bulletin Boards
 Electronic Mail
 Eligibility Determination
 Emergency Medical Services for Children
 Emergency Medical Technicians
 Emergency Room Personnel
 Emotional Disorders
 Emotional Health
 Employers
 Enabling Services
 Enteral Nutrition
 EPSDT
 Erythrocyte Protoporphyrin
 Ethics
 Evoked Otoacoustic Emissions
 Failure to Thrive
 Families
 Family Centered Health Care
 Family Centered Health Education
 Family Characteristics
 Family Environment
 Family Medicine
 Family Planning
 Family Professional Collaboration
 Family Relations
 Family Support Programs
 Family Support Services
 Family Violence Prevention
 Farm Workers
 Fathers
 Feeding Disorders
 Fetal and Infant Mortality Review
 Fetal Alcohol Effects
 Fetal Alcohol Syndrome

Financing
 Food Preparation in Child Care
 Formula
 Foster Care
 Foster Children
 Foster Homes
 Foster Parents
 Fragile X Syndrome
 Genetic Counseling
 Genetic Disorders
 Genetic Screening
 Genetic Services
 Genetics Education
 Gestational Weight Gain
 Glucose Intolerance
 Governors
 Grief
 Gynecologists
 Hawaiians
 Head Start
 Health Care Financing
 Health Care Reform
 Health care utilization
 Health Education
 Health Insurance
 Health Maintenance Organizations
 Health Professionals
 Health Promotion
 Health Supervision
 Healthy Mothers Healthy Babies Coalition
 Healthy Start Initiative
 Healthy Tomorrows Partnership for Children
 Hearing Disorders
 Hearing Loss
 Hearing Screening
 Hearing Tests
 Hemoglobinopathies
 Hemophilia
 Hepatitis B
 Hispanics
 HIV
 Hmong
 Home Health Services
 Home Visiting for At Risk Families
 Home Visiting Programs
 Home Visiting Services
 Homeless Persons
 Hospitals
 Hygiene
 Hyperactivity
 Hypertension
 Illnesses in Child Care
 Immigrants
 Immunization
 Incarcerated Women
 Incarcerated Youth
 Indian Health Service
 Indigence
 Individualized Family Service Plans
 Infant Health Care
 Infant Morbidity
 Infant Mortality

Infant Mortality Review Programs
 Infant Nutrition
 Infant Screening
 Infant Temperament
 Infants
 Information Networks
 Information Services
 Information Sources
 Information Systems
 Injuries
 Injury Prevention
 Intensive Care
 Interagency Cooperation
 Interdisciplinary Teams
 Internship and Residency
 Intubation
 Iron Deficiency Anemia
 Iron Supplements
 Jews
 Juvenile Rheumatoid Arthritis
 Laboratories
 Lactose Intolerance
 Language Barriers
 Language Disorders
 Laotians
 Lead Poisoning
 Lead Poisoning Prevention
 Lead Poisoning Screening
 Leadership Training
 Learning Disabilities
 Legal Issues
 Life Support Care
 Literacy
 Local Health Agencies
 Local MCH Programs
 Low Birthweight
 Low Income Population
 Lower Birthweight
 Males
 Managed Care
 Managed Competition
 Marijuana
 Marital Conflict
 Maternal and Child Health Bureau
 Maternal Nutrition
 MCH Research
 Media Campaigns
 Medicaid
 Medicaid Managed Care
 Medical Genetics
 Medical History
 Medical Home
 Mental Health
 Mental Health Services
 Mental Retardation
 Metabolic Disorders
 Mexicans
 Micronesians
 Migrant Health Centers
 Migrants
 Minority Groups
 Minority Health Professionals

Mobile Health Units
 Molecular Genetics
 Morbidity
 Mortality
 Motor Vehicle Crashes
 Multiple Births
 Myelodysplasia
 National Information Resource Centers
 National Programs
 Native Americans
 Needs Assessment
 Neonatal Intensive Care
 Neonatal Intensive Care Units
 Neonatal Mortality
 Neonates
 Networking
 Neurological Disorders
 Newborn Screening
 Nurse Midwives
 Nurses
 Nutrition
 Obstetricians
 Occupational Therapy
 One Stop Shopping
 Online Databases
 Online Systems
 Oral Health
 Organic Acidemia
 Otitis Media
 Outreach
 P. L. 99-457
 Pacific Islanders
 Pain
 Paraprofessional Education
 Parent Education
 Parent Education Programs
 Parent Networks
 Parent Professional Communication
 Parent Support Groups
 Parent Support Services
 Parental Visits
 Parenteral Nutrition
 Parenting Skills
 Parents
 Patient Education
 Patient Education Materials
 Pediatric Advanced Life Support Programs
 Pediatric Dentistry
 Pediatric Intensive Care Units
 Pediatric Nurse Practitioners
 Pediatricians
 Peer Counseling
 Peer Support Programs
 Perinatal Health
 Phenylketonuria
 Physical Disabilities
 Physical Therapy
 Pneumococcal Infections
 Poisons
 Preconception Care
 Pregnant Adolescents
 Pregnant Women

Prematurity
 Prenatal Care
 Prenatal Diagnosis
 Prenatal Screening
 Preschool Children
 Preterm Birth
 Preventive Health Care
 Preventive Health Care Education
 Primary Care
 Professional Education in Adolescent Health
 Professional Education in Behavioral Pediatrics
 Professional Education in Breastfeeding
 Professional Education in Chronic Illnesses and Disabilities
 Professional Education in Communication Disorders
 Professional Education in CSHN
 Professional Education in Cultural Sensitivity
 Professional Education in Dentistry
 Professional Education in Developmental Disabilities
 Professional Education in EMSC
 Professional Education in Family Medicine
 Professional Education in Genetics
 Professional Education in Lead Poisoning
 Professional Education in MCH
 Professional Education in Metabolic Disorders
 Professional Education in Nurse Midwifery
 Professional Education in Nursing
 Professional Education in Nutrition
 Professional Education in Occupational Therapy
 Professional Education in Physical Therapy
 Professional Education in Primary Care
 Professional Education in Psychological Evaluation
 Professional Education in Pulmonary Disease
 Professional Education in Social Work
 Professional Education in Violence Prevention
 Provider Participation
 Psychological Evaluation
 Psychological Problems
 Psychosocial Services
 Public Health Academic Programs
 Public Health Education
 Public Health Nurses
 Public Policy
 Public Private Partnership
 Puerto Ricans
 Pulmonary Disease
 Quality Assurance
 Recombinant DNA Technology
 Referrals
 Regional Programs
 Regionalized Care
 Regulatory Disorders
 Rehabilitation
 Reimbursement
 Repeat pregnancy prevention
 Research
 Residential Care
 Respiratory Illnesses
 Retinitis Pigmentosa
 Rheumatic Diseases
 RNA Analysis
 Robert Wood Johnson Foundation
 Runaways

Rural Population
 Russian Jews
 Safety in Child Care
 Safety Seats
 Sanitation in Child Care
 School Age Children
 School Dropouts
 School Health Programs
 School Health Services
 School Nurses
 Schools
 Screening
 Seat Belts
 Self Esteem
 Sensory Impairments
 Service Coordination
 Sex Roles
 Sexual Behavior
 Sexuality Education
 Sexually Transmitted Diseases
 Shaken Infant Syndrome
 Siblings
 Sickle Cell Disease
 Sleep Disorders
 Smoking During Pregnancy
 Social Work
 Southeast Asians
 Spanish Language Materials
 Special Education Programs
 Specialized Care
 Specialized Child Care Services
 Speech Disorders
 Speech Pathology
 Spina Bifida
 Spouse Abuse
 Standards of Care
 State Health Agencies
 State Health Officials
 State Legislation
 State Programs
 State Staff Development
 State Systems Development Initiative
 Stress
 Substance Abuse
 Substance Abuse Prevention
 Substance Abuse Treatment
 Substance Abusing Mothers
 Substance Abusing Pregnant Women
 Substance Exposed Children
 Substance Exposed Infants
 Sudden Infant Death Syndrome
 Suicide
 Supplemental Security Income Program
 Support Groups
 Surveys
 Tay Sachs Disease
 Technology Dependence
 Teleconferences
 Television
 Teratogens
 Terminally Ill Children
 Tertiary Care Centers

Thalassemias
Third Party Payers
Title V Programs
Toddlers
Training
Transportation
Trauma
Tuberculosis
Twins
Uninsured
Unintentional Injuries
University Affiliated Programs
Urban Population

Urinary Tract Infections
Usher Syndrome
Vietnamese
Violence
Violence Prevention
Vision Screening
Vocational Training
Waiver 1115
Well Baby Care
Well Child Care
WIC
Youth in Transition

Appendix D: Resources for Applicants

Healthy People 2010

<http://www.health.gov/healthypeople/>

Ten Essential Public Health Core Functions

<http://www.med.jhu.edu/wchpc/pub/Summary-95 .pdf>

Training Program Fact Sheets

<http://www.ncemch.org/spr/default.html - mchbtraining>

Surgeon General's Health Reports

Many of the U.S. Surgeon General's Reports discuss persistent and emerging public health problems of interest to the Maternal and Child Health Bureau. You can access the Surgeon General's Reports on such topics as Oral Health, Mental Health, Suicide Prevention, and other topics at:

<http://www.surgeongeneral.gov/library/oralhealth/>

Bright Futures

<http://www.brightfutures.org/>

Cultural Competency

<http://www.georgetown.edu/research/gucdc/nccc/index.html>

<http://www.aap.org/policy/re9753.html>

<http://www.bphc.hrsa.gov/culturalcompetence/Default.htm>

Medical Home

<http://www.aap.org>

Association of Teachers of MCH (ATMCH)

<http://www.atmch.org>

Institute of Medicine

www.nap.edu

Appendix E Training Performance Measures and Administrative Data

PART 1—Performance Measures for MCH Long Term Training Programs

- PM 07 The degree to which MCHB supported programs ensure family participation in program and policy activities.
- PM 08 The percent of graduates of MCHB long-term training programs that demonstrate field leadership after graduation
- PM 09 The percent of participants in MCHB long-term training programs who are from underrepresented groups.
- PM 11 The degree to which MCHB long-term training grantees include cultural competency in their curricula/training.

PART 2—Financial and Demographic Data Elements

FORM 1

MCHB PROJECT BUDGET DETAILS FOR FY _____

- 1. MCHB GRANT AWARD AMOUNT** \$ _____
- 2. UNOBLIGATED BALANCE** \$ _____
- 3. MATCHING FUNDS** (Required: Yes [] No [] If yes, amount) \$ _____
- A. Local funds \$ _____
 - B. State funds \$ _____
 - C. Program Income \$ _____
 - D. Applicant/Grantee Funds \$ _____
 - E. Other funds \$ _____
- 4. OTHER PROJECT FUNDS** (Not included in 3 above) \$ _____
- A. Local funds \$ _____
 - B. State funds \$ _____
 - C. Program Income (Clinical or Other) \$ _____
 - D. Applicant/Grantee Funds (includes in-kind) \$ _____
 - E. Other funds (including private sector, e.g., Foundations) \$ _____

5. TOTAL PROJECT FUNDS (Total lines 1 through 4) \$ _____

6. FEDERAL COLLABORATIVE FUNDS

(Source(s) of additional Federal funds contributing to the project)

Other MCHB Funds (Do not repeat grant funds from Line 1)

1)	SPRANS	\$ _____
2)	CISS	\$ _____
3)	SSDI	\$ _____
4)	Abstinence Education	\$ _____
5)	Healthy Start	\$ _____
6)	EMSC	\$ _____
7)	Bioterrorism	\$ _____
8)	Traumatic Brain Injury	\$ _____
9)	State Title V Block Grant	\$ _____
10)	Other _____	\$ _____

Other HRSA Funds

1)	HIV/AIDS	\$ _____
	Primary Care	\$ _____
	Health Professions	\$ _____
	Other _____	\$ _____

Other Federal Funds

1)	CMS	\$ _____
	SSI	\$ _____
	Agriculture (WIC/other)	\$ _____
	ACF	\$ _____
	CDC	\$ _____
	SAMHSA	\$ _____
	NIH	\$ _____
	Education	\$ _____
	Other: _____	\$ _____
	_____	\$ _____
	_____	\$ _____

7. TOTAL COLLABORATIVE FEDERAL FUNDS \$ _____

FORM 3
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED
For Projects Providing Direct Health Care, Enabling, or Population-based Services

	FY _____		FY _____	
<i>Target Population(s)</i>	\$ Budgeted	\$ Expended	\$ Budgeted	\$ Expended
Pregnant Women (All Ages)				
Infants (Age 0 to 1)				
Children (Age 1 to 24)				
CSHCN Infants (Age 0 to 1)				
CSHCN Children (Age 1 to 24)				
Non-pregnant Women (Age 22 and over)				
<i>Other</i>				
TOTAL				

FORM 4
PROJECT BUDGET AND EXPENDITURES
By Types Of Services

	FY _____	FY _____	FY _____	FY _____
<u>TYPES OF SERVICES</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
I. <u>Direct Health Care Services</u> (Basic Health Services and Health Services for CSHCN.)	\$ _____	\$ _____	\$ _____	\$ _____
II. <u>Enabling Services</u> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ _____	\$ _____	\$ _____	\$ _____
III. <u>Population-Based Services</u> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ _____	\$ _____	\$ _____	\$ _____
IV. <u>Infrastructure Building Services</u> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ _____	\$ _____	\$ _____	\$ _____
V. TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

FORM 5
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)
By Type of Individual and Source of Primary Insurance Coverage
For Projects Providing Direct Health Care, Enabling or Population-based Services

Reporting Year _____

Table 1	(a)	(b)	(c)	(d)	(e)	(f)
Pregnant Women Served	Number Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %
Pregnant Women (All Ages)						
10-14						
15-19						
20-24						
25-34						
35-44						
45 +						

Table 2	(a)	(b)	(c)	(d)	(e)	(f)
Children Served	Number Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %
Infants <1						
Children 1 to 22						
1-4						
5-9						
10-14						
15-19						
20-24						

Table 3	(a)	(b)	(c)	(d)	(e)	(f)
CSHCN Served	Number Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %
Infants <1						
Children 1 to 22						
1-4						
5-9						
10-14						
15-21						

FORM 5 Continued
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)
By Type of Individual and Source of Primary Insurance Coverage
For Projects Providing Direct Health Care, Enabling or Population-based Services

Reporting Year _____

Table 4	(a)	(b)	(c)	(d)	(e)	(f)
Women Served	Number Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %
Women 22 +						
22-24						
25-29						
30-34						
35-44						
45-54						
55-64						
65 +						

Table 5	(a)	(b)	(c)	(d)	(e)	(f)
Other	Number Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %

Table 6	(a)	(b)	(c)	(d)	(e)	(f)
Totals	Number Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %

FORM 7
DISCRETIONARY GRANT PROJECT
SUMMARY DATA

1. Project Service Focus

- ☐ Urban/Central City ☐ Suburban ☐ Metropolitan Area (city & suburbs)
☐ Rural ☐ Frontier ☐ Border (US-Mexico)

2. Project Scope

- ☐ Local ☐ Multi-county ☐ State-wide
☐ Regional ☐ National

3. Grantee Organization Type

- ☐ State Agency
☐ Community Government Agency
☐ School District
☐ University/Institution Of Higher Learning (Non-Hospital Based)
☐ Academic Medical Center
☐ Community-Based Non-Governmental Organization (Health Care)
☐ Community-Based Non-Governmental Organization (Non-Health Care)
☐ Professional Membership Organization (Individuals Constitute Its Membership)
☐ National Organization (Other Organizations Constitute Its Membership)
☐ National Organization (Non-Membership Based)
☐ Independent Research/Planning/Policy Organization
☐ Other _____

4. Project Infrastructure Focus (from MCH Pyramid) if applicable

- ☐ Guidelines/Standards Development And Maintenance
☐ Policies And Programs Study And Analysis
☐ Synthesis Of Data And Information
☐ Translation Of Data And Information For Different Audiences
☐ Dissemination Of Information And Resources
☐ Quality Assurance
☐ Technical Assistance
☐ Training
☐ Systems Development
☐ Other

5. Products and Dissemination

PRODUCTS	NUMBER
Peer reviewed Journal Article	
Book/Chapter	
Report/Monograph	
Presentation	
Doctoral Dissertation	
Other:	

6. Demographic Characteristics of Project Participants for Clinical Services Projects

	RACE (Indicate all that apply)					ETHNICITY	
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino	Not Hispanic or Latino
Pregnant Women							
Children							
Children with Special Health Care Needs							
Women (Not Pregnant)							
Other							
TOTALS							

7. Clients' Primary Language(s)

8. Resource/TA and Training Centers ONLY

Answer all that apply.

a. Characteristics of Primary Intended Audience(s)

☐ Policy Makers/Public Servants

☐ Consumers

☐ Providers/Professionals

b. Number of Requests Received/Answered: /

c. Number of Continuing Education credits provided:

d. Number of Individuals/Participants Reached:

- e. Number of Organizations Assisted: _____
- f. Major Type of TA or Training Provided:
- ☐ continuing education courses,
 - ☐ workshops,
 - ☐ on-site assistance,
 - ☐ distance learning classes
 - ☐ other

PART 3—Administrative Data

MCH Training and Education Programs Data Forms

1. CFDA Number: 93.110T_____

2. **Faculty and Staff Information**

List all personnel (faculty, staff, and others) contributing to your training project, include those not supported by the grant.

Personnel (Do not list trainees)

Name	Race (indicate all that apply e.g., American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White)	Ethnicity	Gender	Discipline	Degrees	Former MCHB Trainee ? Y/N
Faculty						
Staff						
Other						

3. Trainee Information (Long –term Trainees Only)

Definition: Long-term trainees (those with greater than or equal to 300 contact hours within the training program) benefiting from the training grant (both supported and non-supported trainees).

Total Number of long term trainees participating in the training program _____ *

Name _____

Race _____

Ethnicity _____

Gender _____

Permanent Address (For supported trainees ONLY) _____

Discipline(s) upon Entrance to the Program _____

Degree(s) _____

Position at Admission (position title and setting) _____

Degree Program in which enrolled _____

Received financial MCH support? ☐ Yes ☐ No Amount: \$ _____

 Type: ☐ Pre-doctoral ☐ Post-doctoral

☐ Part-time student ☐ Full-time student

Epidemiology training grants ONLY

 Length of time receiving support: _____

 Research Topic or _____

Title _____

 Products completed through the project

☐ manuscripts ☐ Presentations ☐ monographs ☐ _____

Other _____

*All trainees participating in the program, whether receiving MCH stipend support or not.

4. Former Trainee Information (For Long-term Trainees ONLY)

(Definition of Former Trainee = Grant supported trainees 5 years post graduation)

Name _____

Year Graduated _____

Degree(s) Earned with MCH support _____

Was the University able to contact the trainee?

 Y/N (If no, proceed to Section 5 below)

Current Position (position title and setting) _____

City and State of Residence _____

Remain in MCH Field? Yes/No _____

5. Short-term (Less than 40 contact hours) and Medium-term (40 or more and less than 300 contact hours) Training Information

Number of Short term Trainees during the past 12-month grant period _____

List types/disciplines (i.e., pediatricians, nutritionists, etc) _____

Number of Medium term Trainees during the past 12-month grant period _____

List types/disciplines (i.e., residents, interns, etc) _____

6. Technical Assistance/Collaboration

Definition: The provision of technical advice in a range of issues including program development, clinical services, program evaluation, and policy and guidelines formulation. For example, your project may have provided technical advice to state or local health, education, or social service agencies. Or, faculty may serve on advisory boards to formulate new guidelines at the state or national level.

Topic of Technical Assistance/Collaboration	Recipient of TA/Collaborator*	Indicate Level of Collaboration (low, medium, high)	Geographic Description**

Start with the single most significant technical experience effort on the above list.

*Other departments in your university, Title V (MCH Programs), Medicaid Agency, Health Insurance/Managed Care Organization, Provider Organization, State Department of Education or Local School District, Social Service Agency, Developmental Disability Agency, Mental Health agency, Legal entity, Independent research or policy organization, foundation, family and/or consumer group, Other (please specify)

**local, within state, another state, regional, national, international

7. Continuing Education (LEND only)

Topic	Method*	Number of CE Students	Duration in Hours	Continuing Education Credits Provided? Y/N

*Method: Presentation/Seminar; Workshop/Conference; Web-based Course; Audioconference; Videoconference, etc.

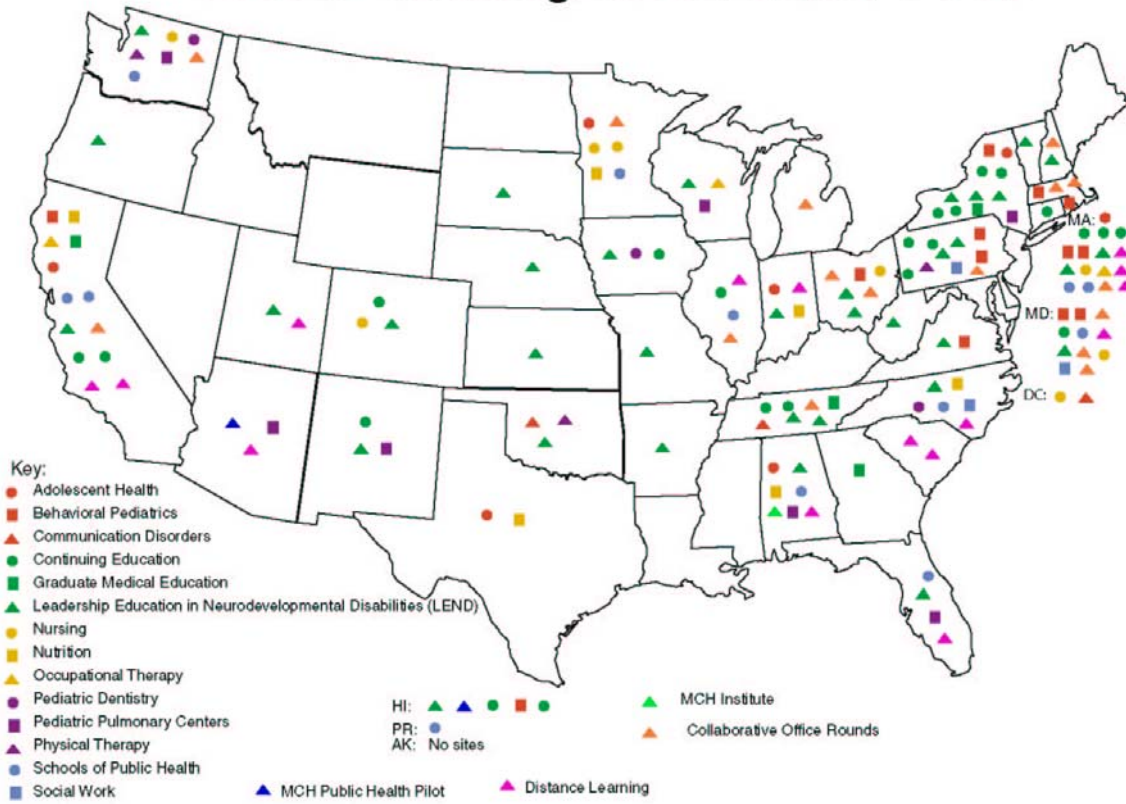
Appendix F Proposed LEND Performance Measures

1. Assure that programs collaborate in a number of ways with State Title V (MCH) agencies and other MCH or MCH-related programs.
2. The percent of LEND trainees who, at 1, 5 and 10 years post training, work with other disciplines serving individuals with disabilities and their families.
3. The percent of LEND students who report valuing their LEND interdisciplinary training at 1, 5 and 10 years.
4. The number of publications and products developed on disabilities and children with special health care needs that were authored by LEND faculty or trainees.
5. The degree to which LEND programs incorporate medical home concepts into their curricula/training.

Appendix G

MCH TRAINING GRANTS BY STATE

MCHB Training Grant Sites, FY03



***For complete contact information please call
 LaTasha Covington @ (301) 443-2923 or email @
 Lcovington@hrsa.gov**

Appendix H Checklist for a Complete Application

Please submit **one original** signed copy and **two photocopies**, all numbered and unbound (for ease of copying). In a separate envelope submit an original **abstract and a disk** containing electronic copies of your abstract and narrative.

A complete application will include the following:

- ☐ Letter of Transmittal indicating Program Name (LEND or CPH) and announcement number.
- ☐ HRSA 6025-1 Face Page
- ☐ Table of Contents
- ☐ Abstract of Proposal (no more than 3 pages)
- ☐ Detailed Budget-First 12 Month Budget Period
- ☐ Budget Justification
- ☐ Consolidated Budget, Budget Estimates for all years of support requested
- ☐ Detailed Description of Project (no more than 50 pages--LEND; 40 pages--CPH)
- ☐ Appendices (no more than 110 pages total for LEND; 35 pages for CPH)
- ☐ Appendix A: Description of Committees
- ☐ Appendix B: Copies of Agreements/Commitments
- ☐ Appendix C: Maps, Floor Plans, Charts
- ☐ Appendix D: Syllabus
- ☐ Appendix E: Position Descriptions
- ☐ Appendix F: Biographical Sketches
- ☐ Summary Progress Report (required for competing continuation applications; optional for new applications)
- ☐ Checklist from HRSA 6025 (this must be the final page of the application)
- ☐ Abstract and Diskette containing abstract and narrative in a separate envelope